

Name
in
Full

Luther Ahalt-

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Frederick		Frederick		Frederick			
Date of death	1907	Month	October	Day	30	Age	36
Sex		Color or Race		Birth-place		Days	
Male		White		Frederick Co		21	
Occupation				Where Residing if not at place of death			
Fireman							
Married, Single or Widowed		Name of Wife or Husband					
Married		Lara Ahalt					
Father's Name		Jacob L Ahalt		Father's Birthplace		Frederick Co	
Mother's Maiden Name		Emma L Mann-		Mother's Birthplace		"	
Name of person giving information		Mrs Luther Ahalt		How related to deceased		Wife	

CAUSES OF DEATH

166

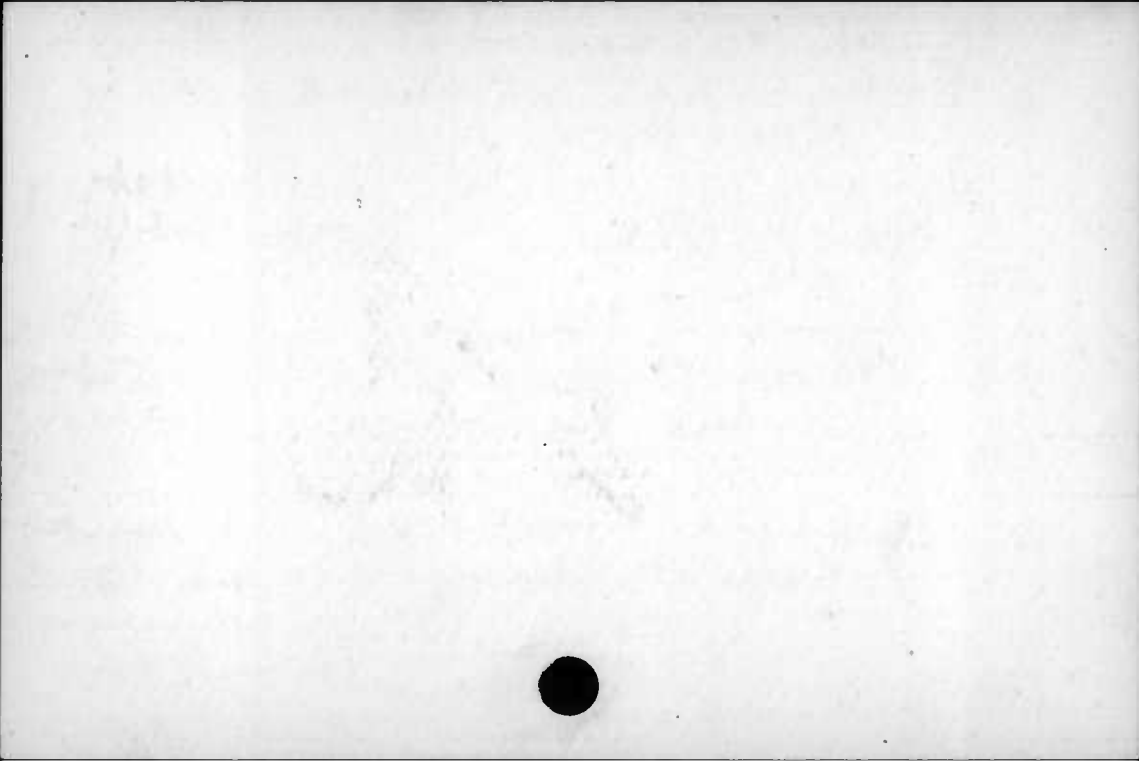
PHYSICIAN
OR CORONER

Primary	Explosion of boiler	How long	Immediate
Immediate	Explosion of boiler	How long	Immediate
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
		Thos B Johnson	
		Address	
		Frederick, Md.	
Accident or Suicide?			

Lutheran Cemetery
Middletown
Md.

Colony

Name in Full		Catharine L. Baker				CERTIFICATE OF DEATH		
TO BE ANSWERED BY NEAREST FRIEND		Died at		Emmitsburg, Frederick County		MARYLAND		
		Date of death		1907	Month	Oct	Day	5
		Age		45		Years		
		Sex		Female		Color or Race		
		Occupation		House-wife		Where Residing if not at place of death		
		Married, Single or Widowed		Married		Name of Wife or Husband		
		Father's Name		James Baker		Father's Birthplace		
		Mother's Maiden Name		Elizabeth Wivel		Mother's Birthplace		
Name of person giving information		James E. Baker		How related to deceased		Husband		
PHYSICIAN OR CORONER		CAUSES OF DEATH						
		Primary		Pulmonary Tuberculosis		How long		
		Immediate		Cardiac Exhaustion		How long		
		Are the name, age, sex, color, date and place correctly given above?		Yes		Signature of Physician		
		Address		B. J. Jamison		Emmitsburg Md.		
Accident or Suicide?								



Name
in
Full

Ruth Beagaw

CERTIFICATE OF DEATH

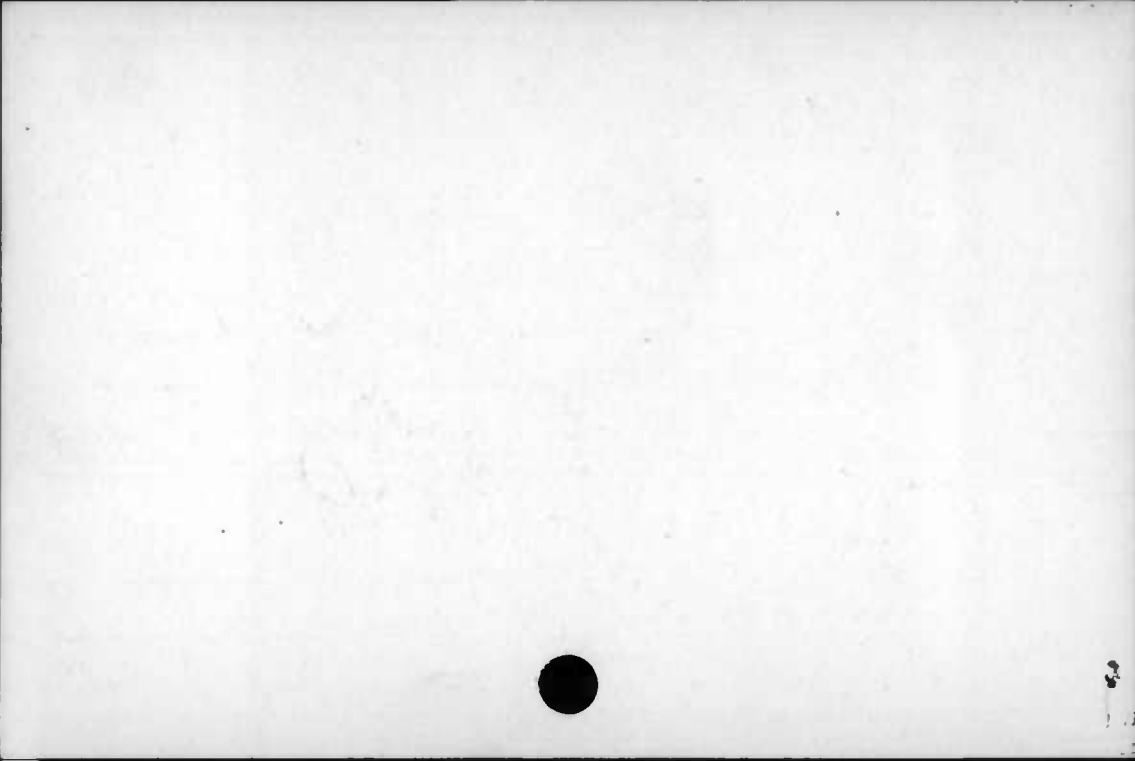
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death		Month	Day	Age	Years	Months	Days
1907		Oct	23	17			
Sex	Female		Color or Race	White		Birth-place	Emmitsburg
Occupation	House-girl		Where Residing if not at place of death		Rockyridge		
Married, Single or Widowed	Single		Name of Wife or Husband				
Father's Name	Samuel Beagaw				Father's Birthplace	Emmitsburg	
Mother's Maiden Name	Mary Morrison				Mother's Birthplace	Emmitsburg	
Name of person giving information	Samuel Beagaw				How related to deceased	Father	

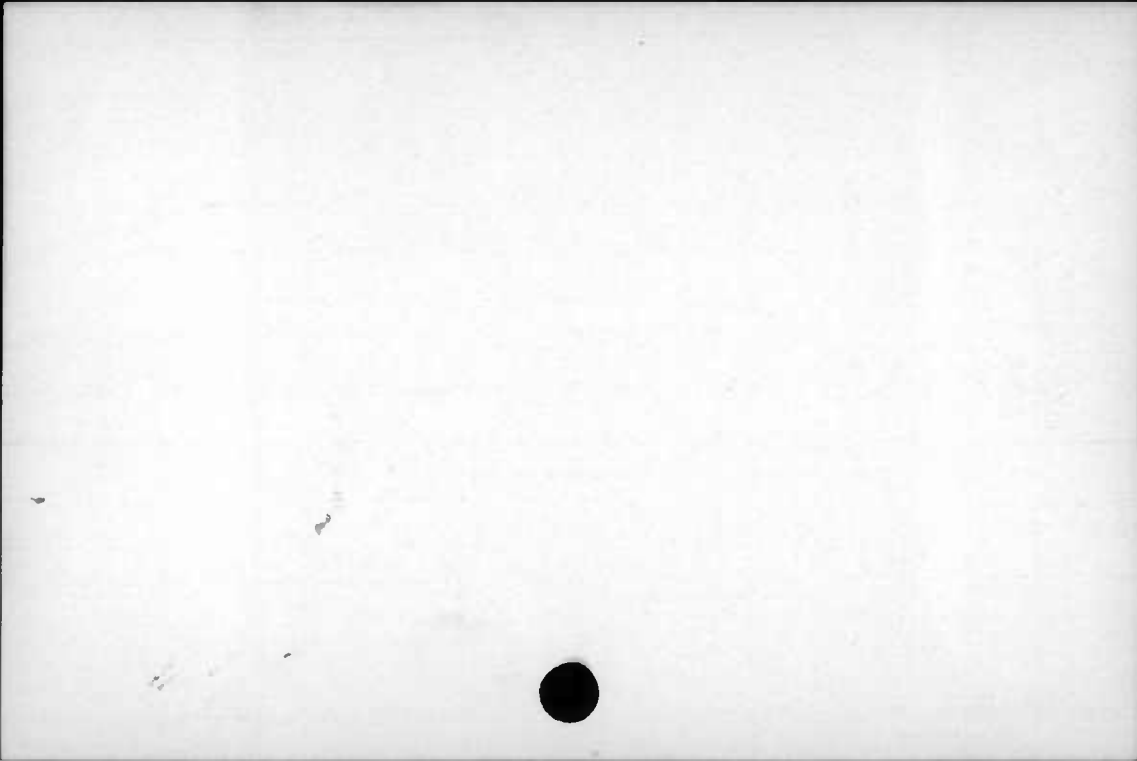
CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Typhoid Fever		How long	4 weeks
Immediate	Intestinal hemorrhage		How long	48 hours
Are the name, age, sex, color, date and place correctly given above?		Yes	Signature of Physician	B. J. Jamison
			Address	Emmitsburg, Md.
Accident or Suicide?				



Name in Full		Clyde Beall				CERTIFICATE OF DEATH					
TO BE ANSWERED BY NEAREST FRIEND	Died at		Bella		County		Frederick		MARYLAND		
	Date of death 190		7 Oct		Age		1		Months 6 Days 18		
	Sex		Male		Color or Race		Colored		Birth-place		
	Married, Single or Widowed		Single		Occupation						
	Name of Wife or Husband										
	Father's Name		Luther Beall		Father's Birthplace		Md				
	Mother's Maiden Name		Christy Williams		Mother's Birthplace		Md				
Name of person giving information		Hankins Williams		How related to deceased		Grandfather					
CAUSES OF DEATH											
PHYSICIAN OR CORONER	Primary		Pertussis				How long		6 wks		
	Immediate		Bronchitis Pneumonia				How long		6 days		
	Are the name, age, sex, color, date and place correctly given above?		Yes				Signature of Physician		T. Clyde Routen		
	Address		Buckeye town						Md.		
Accident or Suicide?											



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Name *Jayne Beall*

Died at *Libertytown* Town *Frederick* County

Date of death *1907* Month *10* Day *23* Age *78* Years Months *5* Days *21*

Sex *Female* Color or Race *White* Birth-place *Libertytown*

Occupation *Housewife* Where Residing if not at place of death

Married, Single or Widowed *Widowed* Name of ~~Wife~~ or Husband *Washington E. Beall*

Father's Name *Unknown* Father's Birthplace

Mother's Maiden Name *Mary Collierberry* Mother's Birthplace *Libertytown*

Name of person giving information *Mrs Mary A. Remberg* How related to deceased *Sister*

CAUSES OF DEATH

179

PHYSICIAN
OR CORONER

Primary *General debility.* How long *12 mos.*

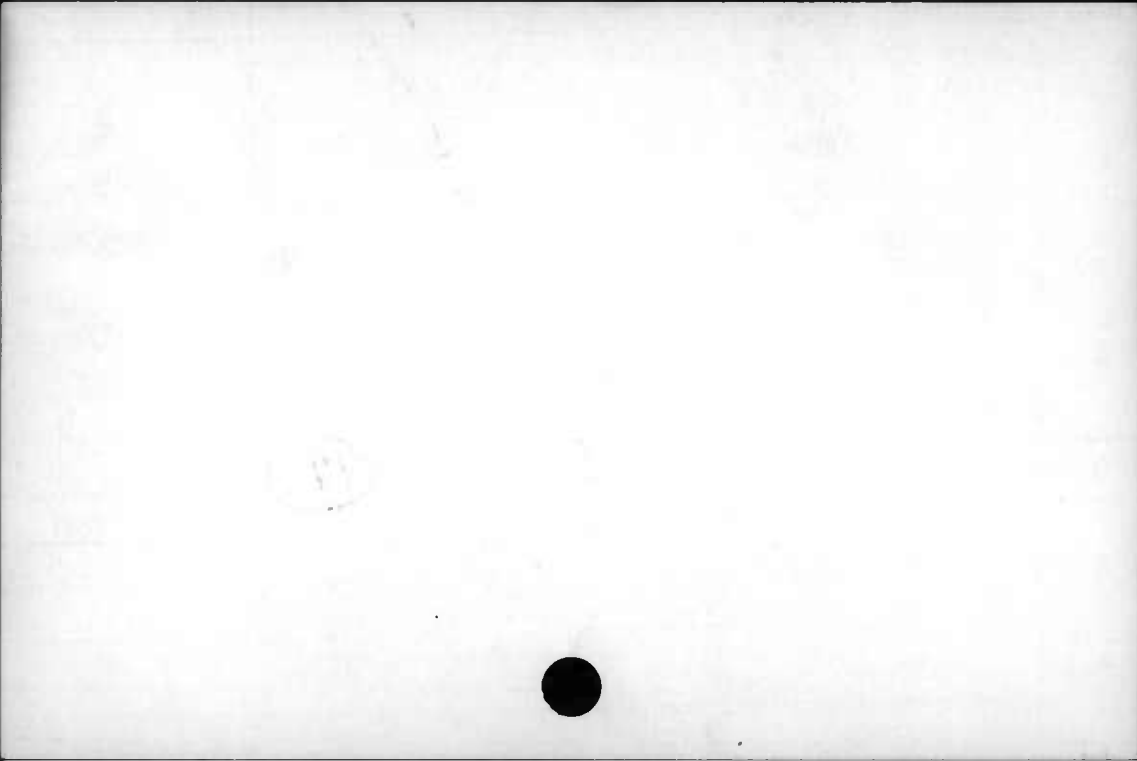
Immediate *Complications* How long *7 days.*

Are the name, age, sex, color, date and place correctly given above? *Yes.*

Signature of Physician *Geo H. Beall*

Address *Libertytown*

Accident or Suicide? *Did.*



Name
in
FullTO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

CERTIFICATE OF DEATH

MARYLAND

Died at *Emmitsburg* *Frederick*

Date of death 1907 Oct 4 Age — Months 6 Days 13

Sex *Female* Color or Race *Black* Birth-place *Washington D.C.*Occupation *Infant* Where Residing if not at place of death *Emmitsburg Md*

Married, Single or Widowed — Name of Wife or Husband —

Father's Name *Charles Berry* Father's Birthplace *Washington D.C.*Mother's Maiden Name *Lucy Wallace* Mother's Birthplace *Md*Name of person giving information *Agnes Kennard* How related to deceased *Grand*

CAUSES OF DEATH

105-

Primary *Cholera Infantum* How long *2 weeks*Immediate *Convulsions* How long *2 hours*

Are the name, age, sex, color, date and place correctly given above?

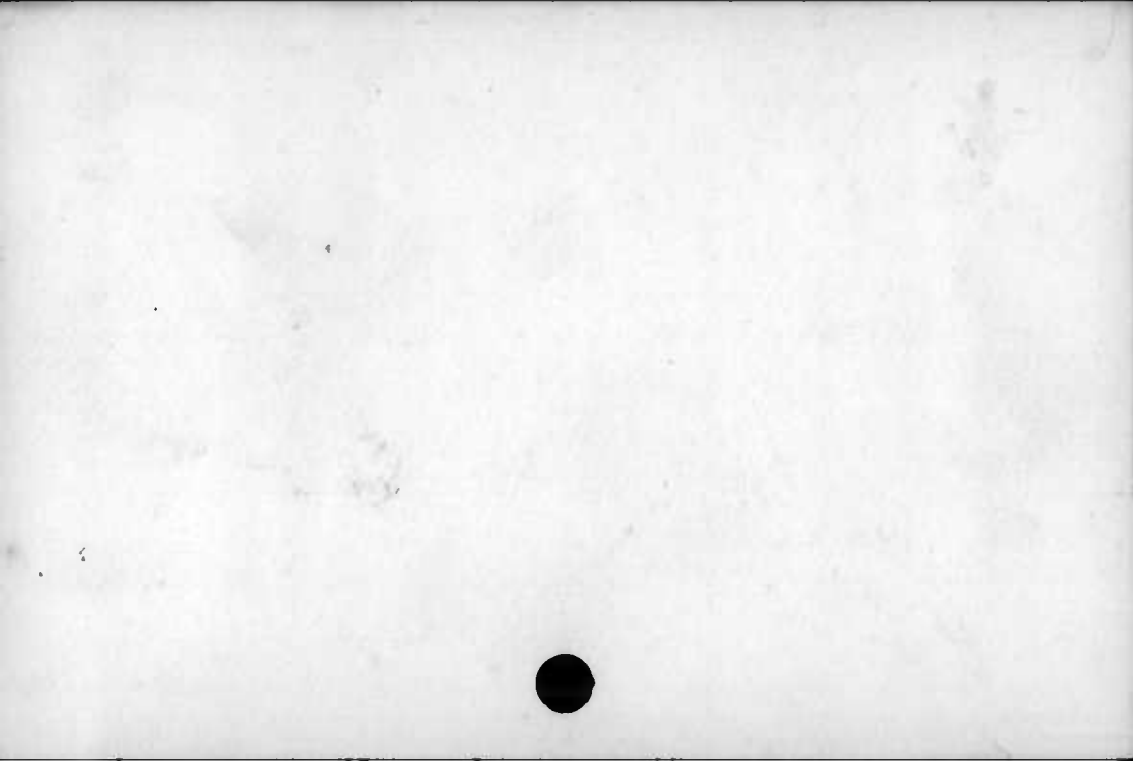
Yes

Signature of Physician

Address

W. I. Jamison
Emmitsburg
Md

Accident or Suicide?



Name
in
Full

Theodore Patterson Bollinger

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

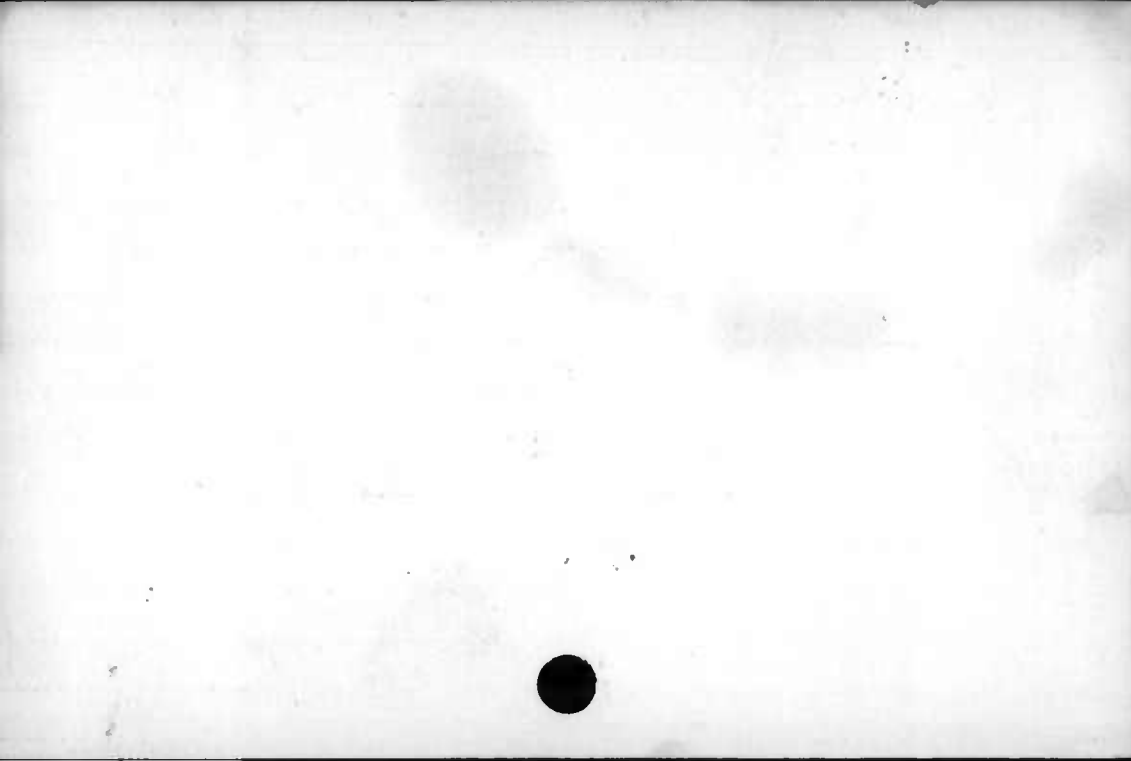
Died at <i>Emmitsburg</i> <small>Town</small>		<i>Frederick</i> <small>County</small>		MARYLAND	
Date of death <i>1907</i>	<i>Oct</i> <small>Month</small>	<i>24</i> <small>Day</small>	Age <i>0</i> <small>Years</small>	<i>2</i> <small>Months</small>	<i>4</i> <small>Days</small>
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Emmitsburg Md</i>	
Occupation <i>/</i>			Where Residing if not at place of death		
Married, Single or Widowed		Name of Wife or Husband <i>/</i>			
Father's Name <i>Theodore Bollinger</i>			Father's Birthplace <i>Emmitsburg Md</i>		
Mother's Maiden Name <i>Fannie Jackson</i>			Mother's Birthplace <i>Emmitsburg Md</i>		
Name of person giving information			How related to deceased		

CAUSES OF DEATH

1571

PHYSICIAN
OR CORONER

Primary <i>Marasmus</i>	How long <i>2 Months</i>
Immediate <i>Acute Dileo-Colitis</i>	How long <i>4 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Dr. H. E. Stone</i>
	Address <i>Emmitsburg Md</i>
Accident or Suicide?	



Name

in
Full

CERTIFICATE OF DEATH

Jacob Bowers

Town

County

MARYLAND

Died at Monticume Hospital

Frederick

Date

Month

Day

Years

Months

Days

of death 1907

10

24th

Age

79

Sex

Male

Color or
Race

White

Birth-
place

Frederick Co,

Occupation

Farmer

Where Residing if not
at place of deathMarried, Single
or Widowed

Single

Name of Wife or
HusbandFather's
Name

Unknown

Father's
Birthplace

Unknown

Mother's
Maiden Name

Unknown

Mother's
Birthplace

Unknown

Name of person giving
In formation

Hospital record

How related
to deceased

CAUSES OF DEATH

64

Primary

Cerebral Hemorrhage

How long

Immediate

Shock

How long

10 minutes

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
Physician

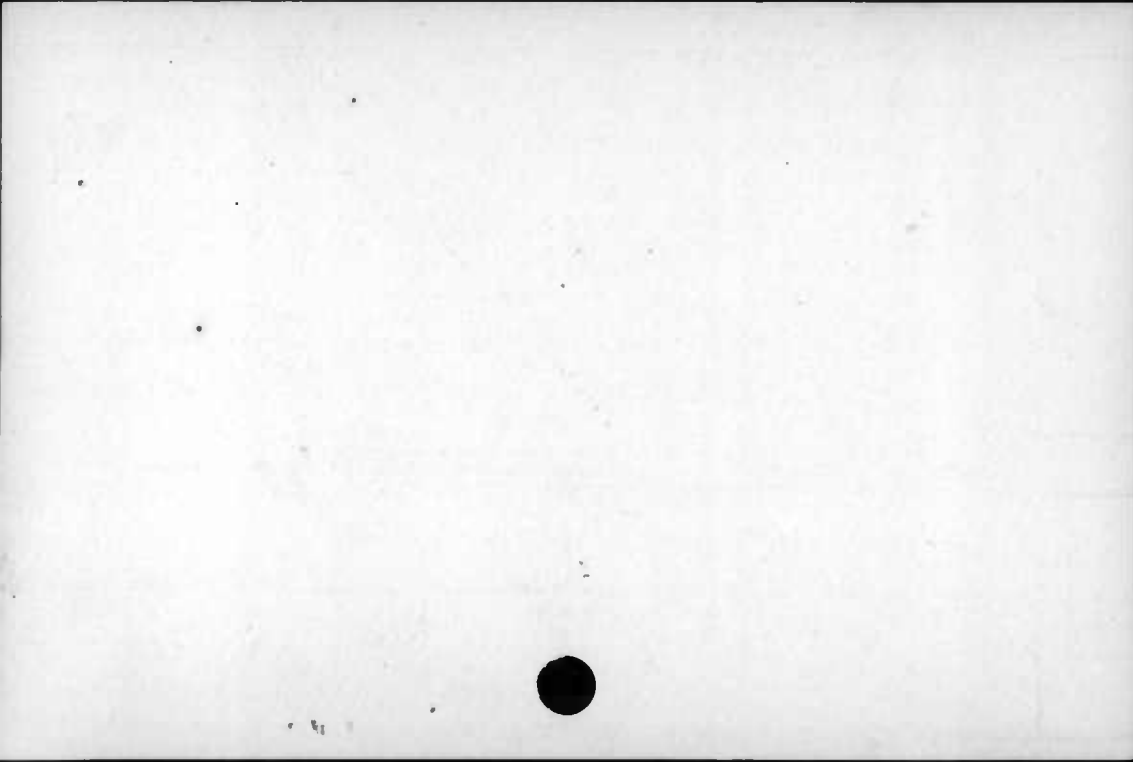
R. S. Lyson

Address

Frederick,
Md.

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

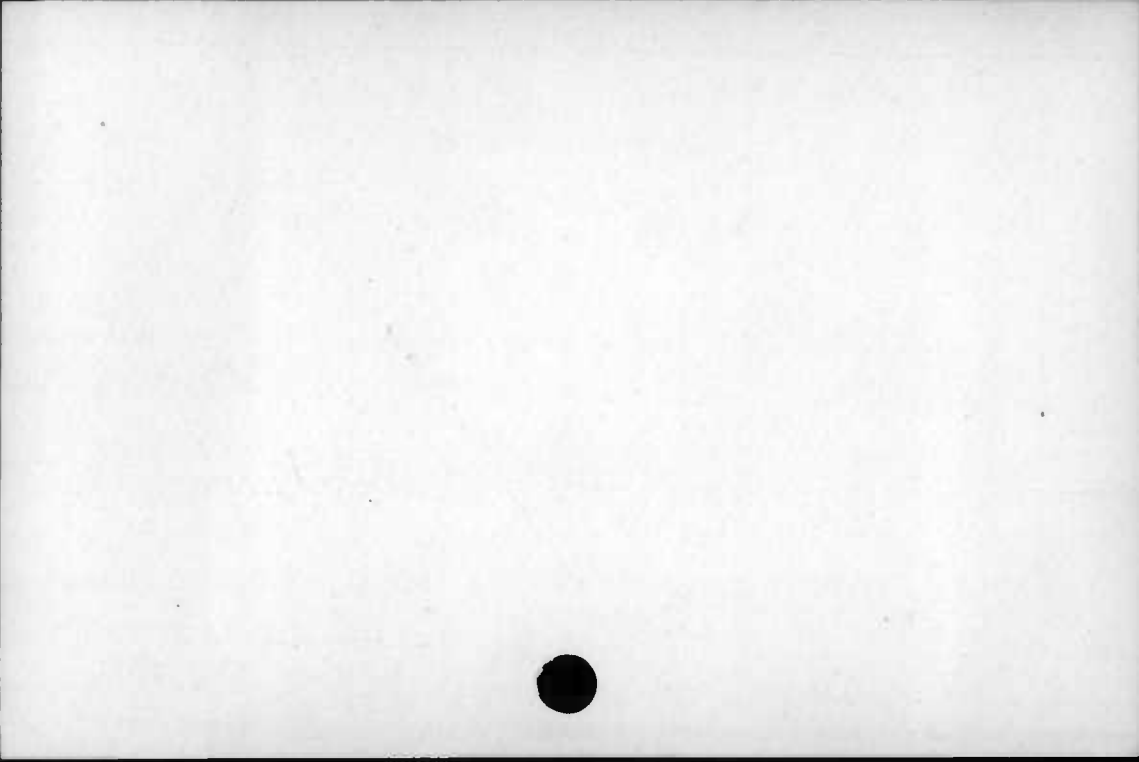
Name in Full <i>John Brickner</i>		Town <i>Monticune Hospital</i>		County <i>Frederick</i>		STATE MARYLAND	
Died at <i>Monticune Hospital</i>		Month <i>Oct</i>		Day <i>11</i>		Age <i>20</i>	
Date of death <i>1907</i>		Month <i>Oct</i>		Day <i>11</i>		Age <i>20</i>	
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Frederick Co.</i>			
Occupation <i>None</i>		Where Residing if not at place of death					
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband					
Father's Name <i>Michael Brickner</i>		Father's Birthplace <i>Unknown</i>					
Mother's Maiden Name <i>Unknown</i>		Mother's Birthplace <i>Unknown</i>					
Name of person giving information <i>Hospital records</i>		How related to deceased					

CAUSES OF DEATH

27

PHYSICIAN
OR CORONER

Primary	<i>Pulmonary Tuberculosis</i>	How long <i>18 mo</i>
Immediate	<i>Exhaustion</i>	How long <i>2 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>R. S. Lyson</i>
		Address <i>Frederick, Md</i>
Accident or Suicide?		



Name
in
Full

No. 16

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

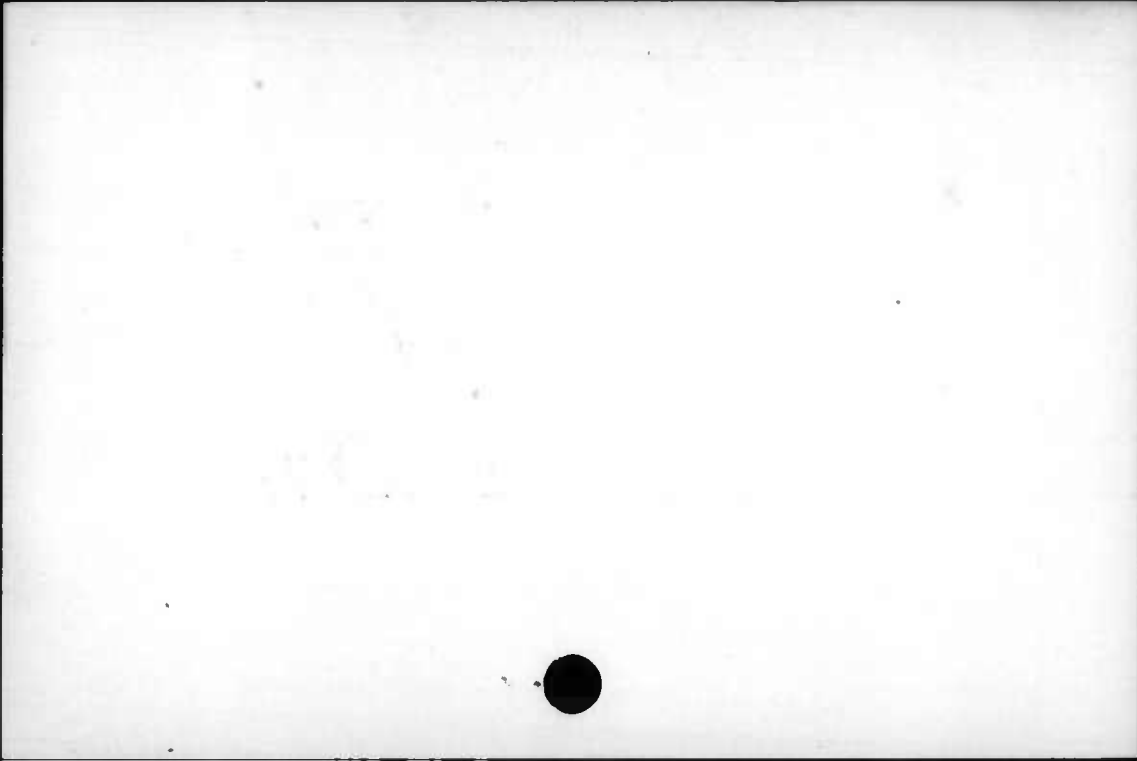
Died at <u>New Market</u>		County <u>Garret</u>		State <u>MARYLAND</u>	
Date of death 1907	Month <u>10</u>	Day <u>12</u>	Age <u>50</u>	Years <u>-</u>	Months <u></u> Days <u></u>
Sex <u>Male</u>	Color or Race <u>White</u>		Birth-place <u>Ad, Co Ind</u>		
Occupation <u></u>			Where Residing if not at place of death <u></u>		
Married, <u>Single</u>	<u>yes</u>	Name of Wife or Husband <u>Jessie H. Brown</u>			
Father's Name <u>Joshua Brown</u>	Father's Birthplace <u>Ind</u>		Mother's Birthplace <u>Annapolis Md</u>		
Mother's Maiden Name <u>McCullough</u>	How related to deceased <u>Family</u>		<u>through</u>		
Name of person giving information <u>J M Downey</u>					

CAUSES OF DEATH

27

PHYSICIAN
OR CORONER

Primary <u>Tuberculosis</u>	How long <u>3 yrs</u>
Immediate <u>Failure of vital force</u>	How long <u>About 4 days</u>
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>	Signature of Physician <u>J M Downey</u>
	Address <u>New Market</u>
Accident or Suicide? <u>no</u>	



Name
In
Full

Margaret J. Brunner

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Near Frederick</i>		Town <i>Frederick</i>		County <i>Frederick</i>		MARYLAND					
Date of death <i>1907</i>		Month <i>10</i>		Day <i>3</i>		Age <i>86</i>		Years <i>5</i>		Months <i>0</i>	
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Frederick Md</i>							
Occupation <i>House Wife</i>				Where Residing if not at place of death <i>Frederick</i>							
Married, Single or Widowed <i>Widow</i>		Name of Wife or Husband <i>Henry Brunner</i>									
Father's Name <i>George Shultz</i>		Father's Birthplace <i>F. Co Md</i>									
Mother's Maiden Name <i>Sophia Kemp</i>		Mother's Birthplace <i>" " "</i>									
Name of person giving information <i>Maamie Brunner</i>		How related to deceased <i>Daughter</i>									

CAUSES OF DEATH

104

PHYSICIAN
OR CORONER

Primary	<i>Chronic Catarrhal Gastritis</i>	How long	<i>3 years</i>
Immediate	<i>Exhaustion from continued anorexia</i>	How long	<i>3 weeks</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>J. J. J.</i>	
		Address <i>136 Church St</i>	
Accident or Suicide? <i>—</i>		<i>Frederick Md</i>	

Interment Oct 5th
" at Mt. Olivet

Thomas P. Rice. F. O.

Name
in
Full

Henry Brust,

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

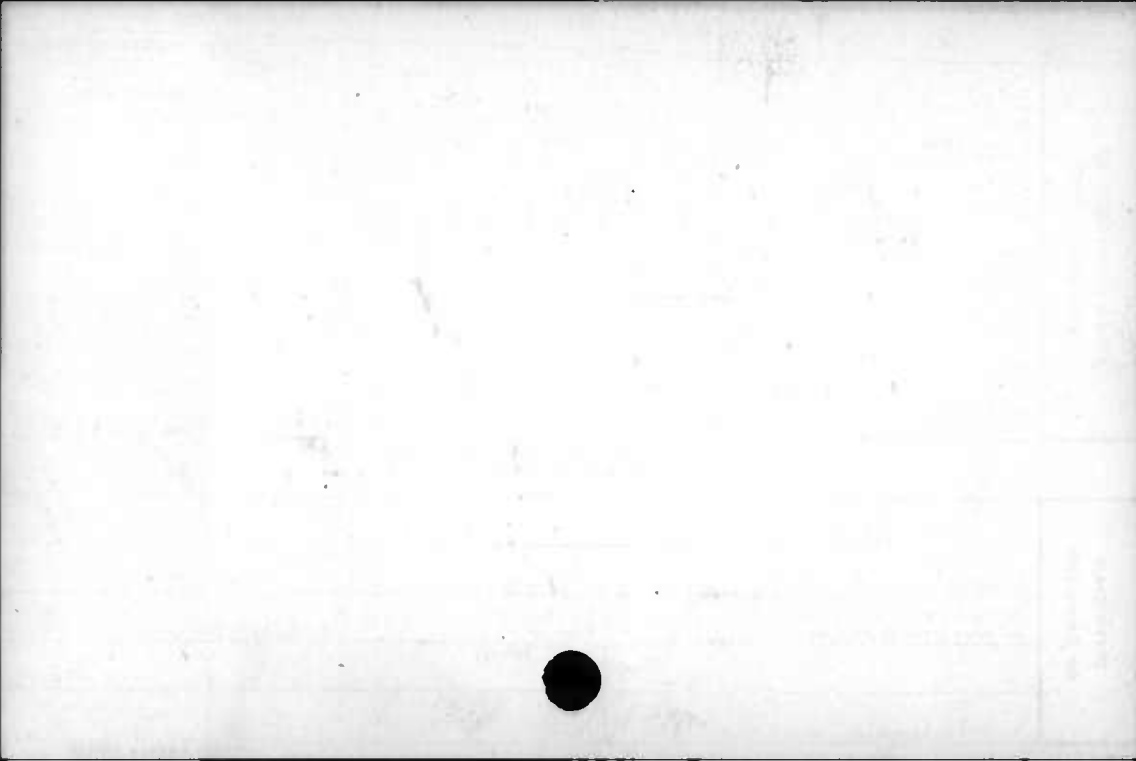
Died at <i>Friedrich</i> Town		County <i>Friedrich</i>		MARYLAND	
Date of death	1907	Month	10	Day	26
Age	54	Years		Months	3
Sex	Male	Color or Race	White	Birth-place	Friedrich, Md.
Occupation	Carpenter		Where Residing if not at place of death		
Married, Single or Widowed	Married	Name of Wife or Husband	Barbara Six Brust		
Father's Name	Casper Brust	Father's Birthplace	Germany		
Mother's Maiden Name	Elijaabeth Küllner	Mother's Birthplace	Germany		
Name of person giving information	Mrs James Staub		How related to deceased	Sister	

CAUSES OF DEATH

155

PHYSICIAN
OR CORONER

Primary	<i>Laudamus poison</i>	How long	10 hours
Immediate	<i>Cardiac exhaustion</i>	How long	
Are the name, age, sex, color, date and place correctly given above?	Yes.	Signature of Physician	<i>W. S. Lyson</i>
		Address	<i>Friedrich, Md.</i>
Accident or Suicide?	Suicide		



Name
in Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at *Frederick* Town *Frederick* CountyDate of death *1907* Month *10* Day *17* Age *32* Years Months DaysSex *Female* Color or Race *Caucasian* Birth-placeOccupation *Wife* Where Residing if not at place of deathMarried, Single or Widowed *Married* Name of Wife or HusbandFather's Name *Cyrus Bell*Father's Birthplace *Johnsville*Mother's Maiden Name *Dreasa. Eaves*Mother's Birthplace *Liberty Md*Name of person giving information *Husband*How related to deceased *Husband*

CAUSES OF DEATH

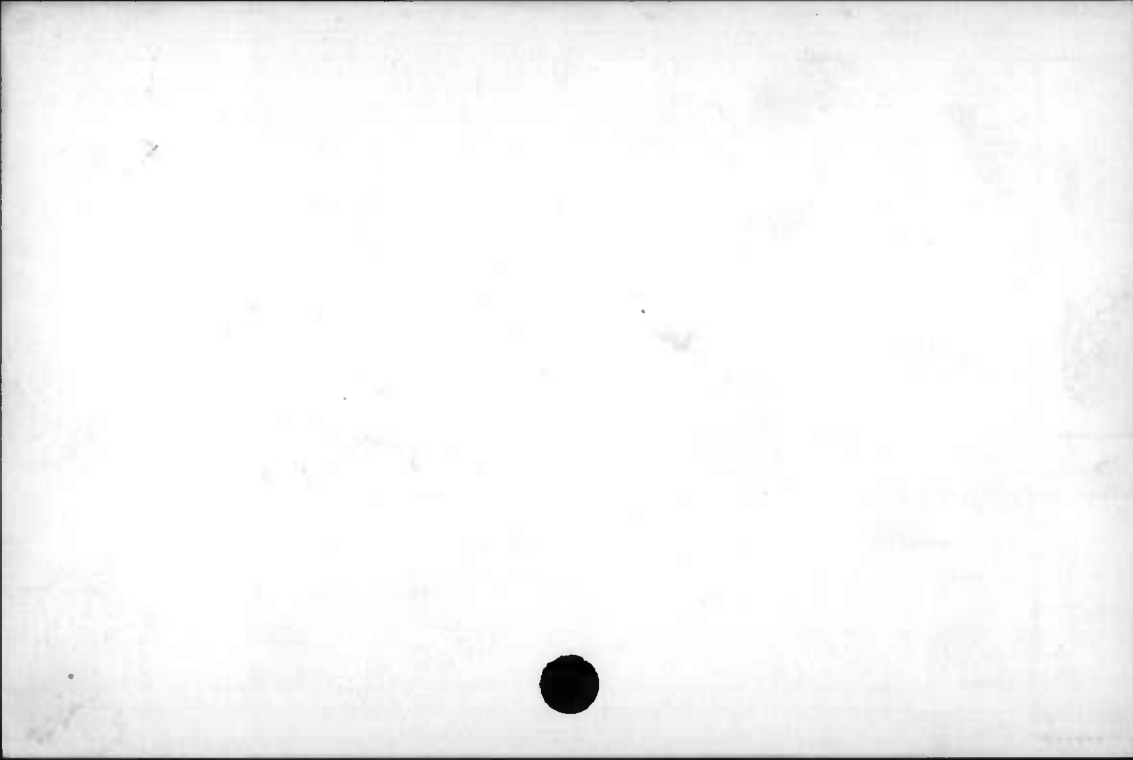
27Primary *Tuberculosis Pulmonary*How long *2 yrs*Immediate *Asthma with Emphysema*How long *3 weeks*Are the name, age, sex, color, date and place correctly given above? *Yes*

Signature of Physician

Address

*W. P. Fahney Md**Frederick Md*

Accident or Suicide?



Name
in
FullMary V. ^{Widow} Carpenter

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>near Pearl</i>		Town <i>Fredrick</i>		County		MARYLAND					
Date of death <i>1907</i>		Month <i>10</i>		Day <i>28</i>		Years <i>72</i>		Months		Days	
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place							
Occupation				Where Residing if not at place of death <i>at place of death</i>							
Married, Single or Widowed <i>Widowed</i>		Name or Wife or Husband <i>Jackson Carpenter</i>									
Father's Name <i>Thos Denaubin</i>		Father's Birthplace <i>Scotland</i>									
Mother's Maiden Name <i>Catharine Jacobs</i>		Mother's Birthplace <i>X</i>									
Name of person giving information <i>J Raymond Carpenter</i>		How related to deceased <i>Son</i>									

CAUSES OF DEATH

154

PHYSICIAN
OR CORONER

Primary <i>Senile Dementia</i>		How long <i>3 years</i>	
Immediate <i>Degeneration and Paralysis</i>		How long <i>Six months</i>	
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>George H. Riggs M.D.</i>	
		Address <i>Gamsville Maryland</i>	
Accident or Suicide?			

McCannell.

Leah Md

10/30 1907

to Leahy,

Name
in
Full

Louis O'Rauey

No. 15

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at *Baitholows* Town *Frederick* County *MARYLAND*

Date of death *1907* Month *Oct.* Day *12* Age *90* Years *5* Months *20* Days

Sex *male* Color or Race *white* Birth-place *Maryland*

Occupation *Rail Road Laborer* Where Residing if not at place of death *—*

Married, Single or Widowed *married* Name of Wife or Husband *Elizabeth O'Rauey*

Father's Name *Elifiah O'Rauey* Father's Birthplace *Don't Know*

Mother's Maiden Name *Murilla Aldridge* Mother's Birthplace *" "*

Name of person giving information *Ernest O'Rauey* How related to deceased *son*

CAUSES OF DEATH

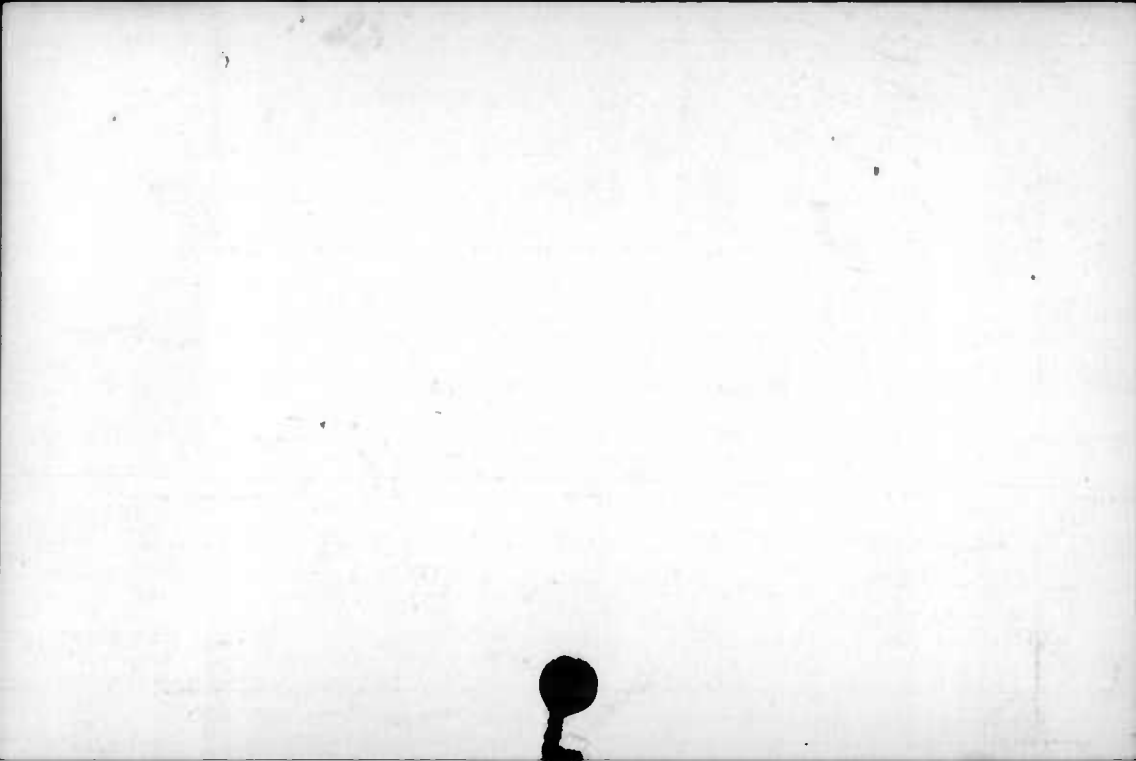
(164)

PHYSICIAN
OR CORONER

Primary *Cerebral Haemorrhage* How long *5 hours*

Immediate

Are the name, age, sex, color, date and place correctly given above? *yes*Signature of Physician *H. H. Hopkins M.D.*Address *New Market,
Maryland*Accident or Suicide? *no*



Name
in
Full

Martha O. Christian

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Frederick</i>		Town <i>Frederick</i>		County		MARYLAND	
Date of death	<i>1907</i>	Month <i>10</i>	Day <i>5</i>	Age	Years <i>1</i>	Months <i>3</i>	Days <i>6</i>
Sex <i>Female</i>	Color or Race <i>Black</i>		Birth-place <i>city</i>				
Occupation				Where Residing if not at place of death <i>Same</i>			
Married, Single or Widowed <i>Single</i>	Name of Wife or Husband						
Father's Name <i>Ernest Christian</i>	Father's Birthplace <i>Md</i>						
Mother's Maiden Name <i>Susan Gardner</i>	Mother's Birthplace <i>"</i>						
Name of person giving information <i>Ernest Christian</i>	How related to deceased <i>Father</i>						

CAUSES OF DEATH

179

PHYSICIAN
OR CORONER

Primary	<i>Malnutrition</i>	How long	<i>3 months</i>
Immediate	<i>Exhaustion</i>	How long	<i>10 days</i>
Are the name, age, sex, color, date and place correctly given above?	<i>yes</i>	Signature of Physician	<i>M. O. Long</i>
		Address	<i>city</i>
Accident or Suicide?	<i>—</i>		

Interment Oct 6
" at Greenmount
Thomas P. Rice F.D.

Dr Long

6.

Boaghtlin

Died at Town *Jesscararu* County *York* MARYLAND

Date *1907* Month *10* Day *23* Age *3* Native of *ind* Occupation

Male White Married Widow Divorced

Female Colored Single Widower Number of children living

Husband of _____

Wife of _____

Father's Name *Richard I Boaghtlin* Mother's Name *Fanny Young*

Cause of Death { Primary *Premature birth* Immediate *Exhaustion* } How long sick *(15%)*

Accident, Suicide, Homicide

Reported by *[Signature]*

Address *[Signature]* *[Signature]*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Father's birthplace, West Virginia

Mother's birthplace, West Virginia

Name
in
Full

Margaret Catherine Brum.

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

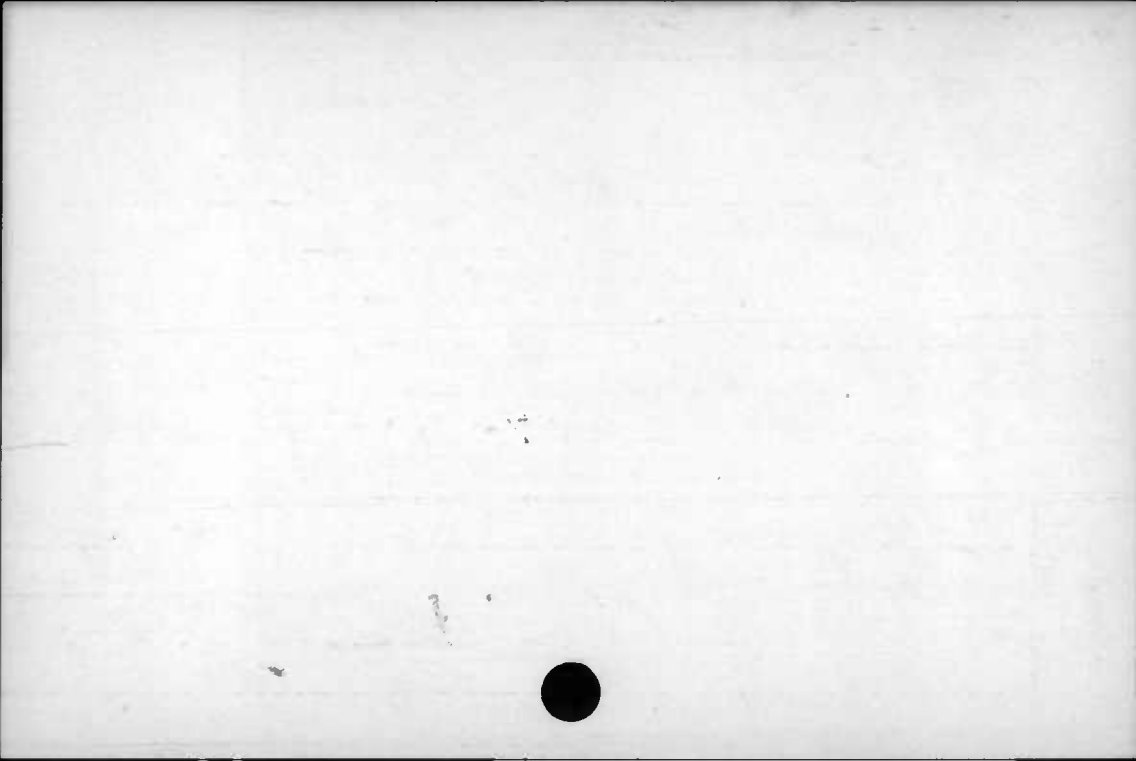
Died at <i>Graceham</i> ^{Town}		<i>Frederick</i> ^{County}		MARYLAND	
Date of death 190	<i>7</i> ^{Month}	<i>Oct</i> ^{Day}	<i>8</i> ^{Years}	<i>8</i> ^{Months}	<i>8</i> ^{Days}
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Graceham</i>		
Married, Single or Widowed <i>Single</i>			Occupation <i>None</i>		
Name of Wife or Husband <i>None</i>					
Father's Name <i>William S. Brum</i>			Father's Birthplace <i>Yiffin Ohio</i>		
Mother's Maiden Name <i>Mamie M. Groshon</i>			Mother's Birthplace <i>Lewistown</i>		
Name of person giving information <i>William S. Brum</i>			How related to deceased <i>Father</i>		

CAUSES OF DEATH

(109)

PHYSICIAN
OR CORONER

Primary <i>Faecal impaction</i>	How long <i>3 days</i>
Immediate <i>Convulsions</i>	How long <i>2 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>J. D. S. Young</i>
<i>[Redacted]</i>	Address <i>Breagerstown Pa</i>
Accident or Suicide? <i>None</i>	<i>Frederick Co.</i>



Name
in
Full

Raymond Brown

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

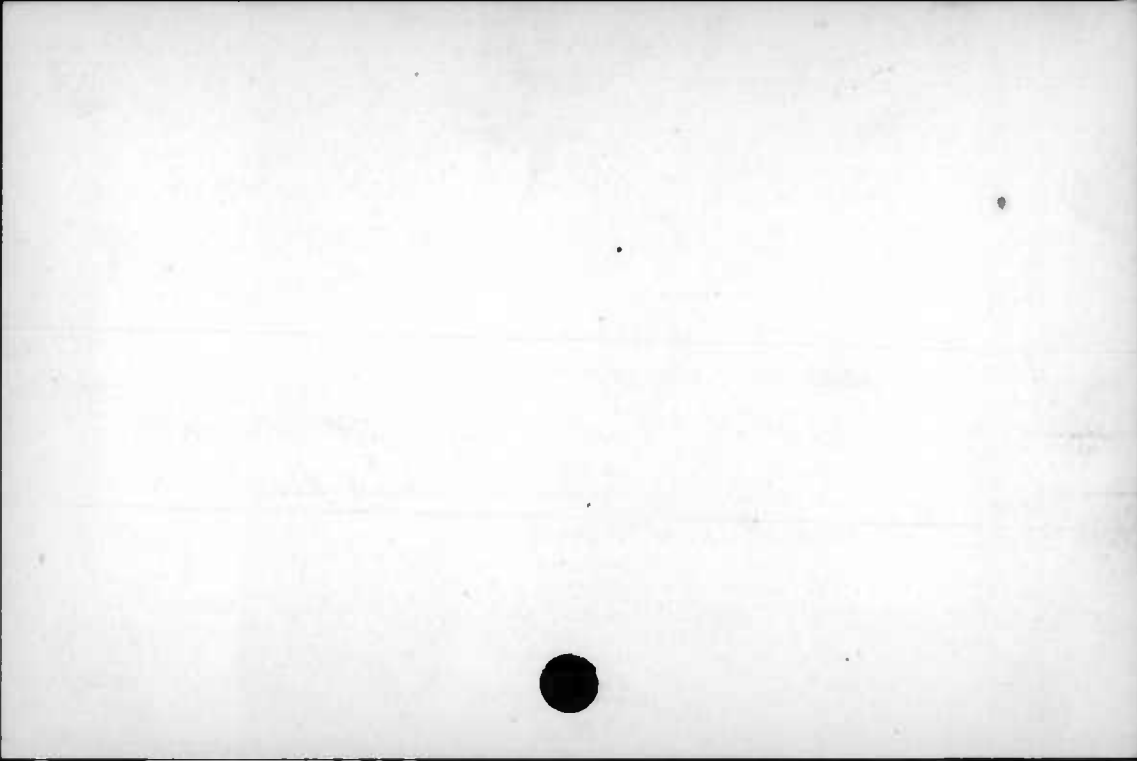
Died at <i>Fredrick</i>		Town <i>"</i>		County <i>"</i>		MARYLAND	
Date of death	<i>1907</i>	Month <i>10</i>	Day <i>17</i>	Age <i>7</i>	Years <i>7</i>	Months <i>10</i>	Days
Sex	<i>Male</i>		Color or Race	<i>White</i>		Birth-place	<i>md</i>
Occupation	<i>School</i>			Where Residing if not at place of death		<i>X</i>	
Married, Single or Widowed	<i>X</i>		Name of Wife or Husband		<i>X</i>		
Father's Name	<i>Frank Brown</i>				Father's Birthplace	<i>md</i>	
Mother's Maiden Name	<i>Rosa Stutz</i>				Mother's Birthplace	<i>md</i>	
Name of person giving information	<i>Frank Brown</i>				How related to deceased	<i>Father</i>	

CAUSES OF DEATH

19

PHYSICIAN
OR CORONER

Primary	<i>Diphtheria</i>	How long	<i>10 days</i>
Immediate	<i>Paralysis of the heart</i>	How long	<i>1/2 hour</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
<i>Yes</i>		<i>Wm F. Gooden md</i>	
		Address	
		<i>Fredrick. md</i>	
Accident or Suicide?			



Name
in
Full

Mary Elisabeth Davis

no. 18

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

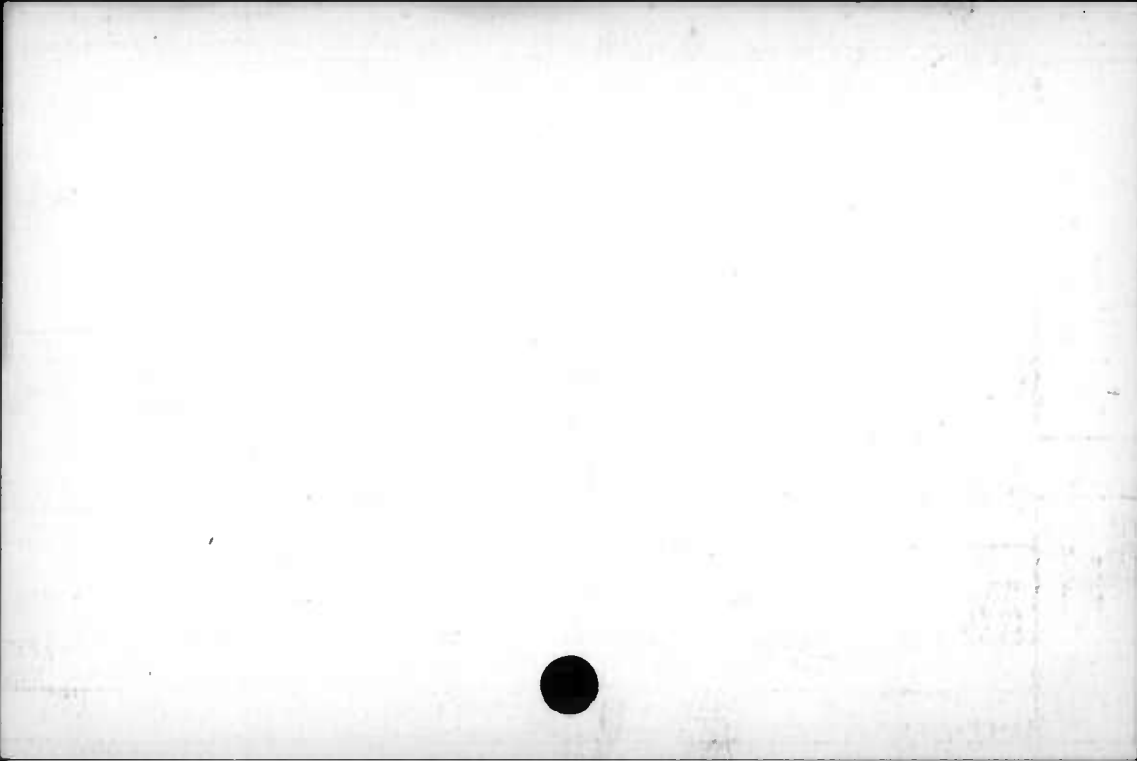
Died at <i>New Market</i> <small>Town</small>		<i>Frederick</i> <small>County</small>		MARYLAND	
Date of death <i>1907</i>	<i>10</i> <small>Month</small>	<i>25</i> <small>Day</small>	Age <i>78</i> <small>Years</small>	<i>8</i> <small>Months</small>	<i>25</i> <small>Days</small>
Sex <i>Female</i>	Color or Race <i>white</i>		Birth-place <i>Virginia</i>		
Occupation <i>none</i>			Where Residing if not at place of death _____		
Married, Single or Widowed <i>widowed</i>	Name of wife or Husband <i>John T. Davis</i>				
Father's Name <i>William Coleman</i>	Father's Birthplace <i>Virginia</i>				
Mother's Maiden Name <i>Mary Snow</i>	Mother's Birthplace <i>Virginia</i>				
Name of person giving information <i>J. Kinney Davis</i>			How related to deceased <i>son</i>		

CAUSES OF DEATH

40

PHYSICIAN
OR CORONER

Primary <i>Cancer of Stomach</i>	How long <i>3 months</i>
Immediate	How long
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>H. H. Hopkins M.D.</i>
	Address <i>New Market</i>
Accident or Suicide? <i>no</i>	<i>Fredk. Co., Md</i>



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Alvin Christian Doering

Died at *Frederick*

Town

Frederick

County

MARYLAND

Date
of death *1907*Month
*10*Day
*13*Age *45*

Years

Months
—Days
—Sex *Male*Color or
Race*White*Birth-
place*Germany*

Occupation

*Painter*Where Residing if not
at place of death*Same*Married, Single
or Widowed*Married*Name of Wife or
Husband*Maggie E. Habrick*Father's
Name*Christian Doering*Father's
Birthplace*Germany*Mother's
Maiden Name*Unknown*Mother's
Birthplace*"*Name of person giving
In formation*Mrs. Doering*How related
to deceased*Wife*

CAUSES OF DEATH

79

PHYSICIAN
OR CORONER

Primary

Obscene

How long

Immediate

Carbolic acid

How long

*Quadrant 2nd*Are the name, age, sex, color, date
and place correctly given above?*yes*Signature of
Physician*S. S. Maynard*

Address

17 Fremont St.

Accident or Suicide?

*—**Ans. 1st 2nd**over.*

LIBRARY BUREAU ACCESS

Interment at Mt. Olivet

" Oct 15 —

Thomas P. Rice, F. A. L.

Name

in
Full

Francis Henry Hoile

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIENDDied at *Mt Pleasant*

Town

Frederick

County

MARYLAND

Date of death *1907 Oct.*

Month

31st

Day

Age *13*

Years

Months *4**28*

Days

Sex

*male*Color or
Race*White*Birth-
place

Occupation

*farmer*Where Residing if not
at place of deathMarried, Single
or Widowed*Single*Name of Wife or
HusbandFather's
Name*Edward Hoile*Father's
Birthplace*Mt Pleasant*Mother's
Maiden Name*Lidia White*Mother's
Birthplace*LI W*Name of person giving
Information*Edward Hoile*How related
to deceased*Father*

CAUSES OF DEATH

Primary

*Pneumonia**(93)*

How long

One week

Immediate

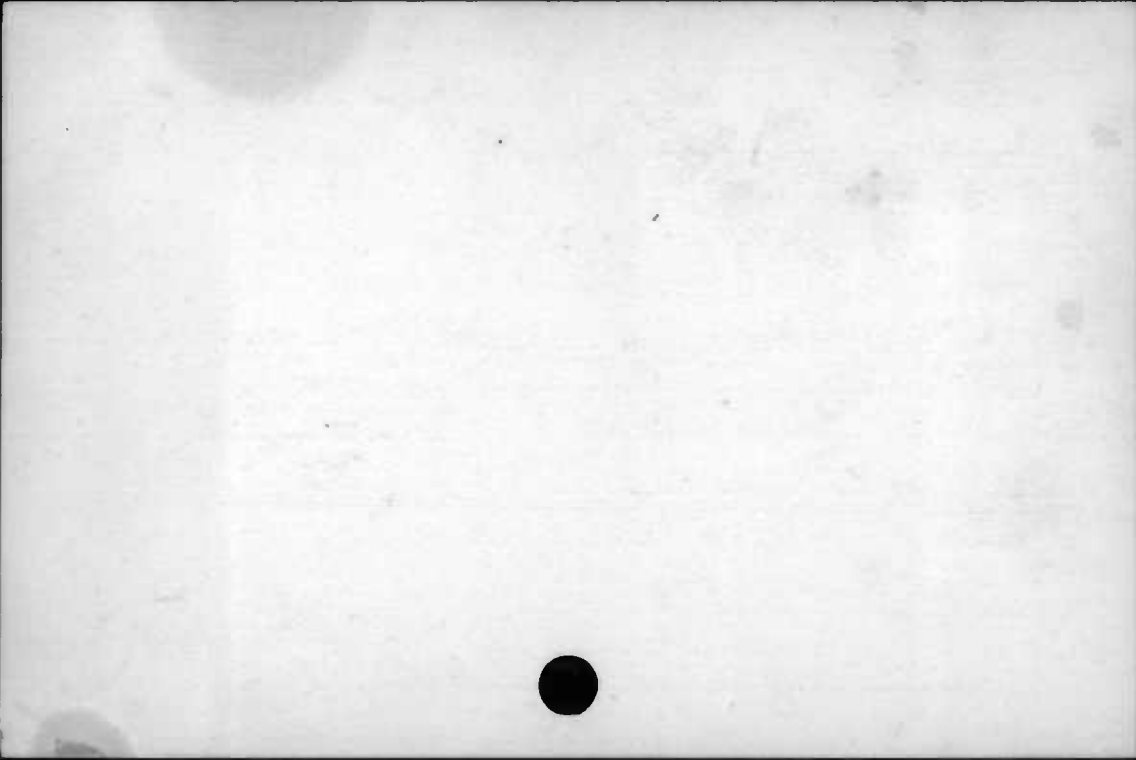
Are the name, age, sex, color, date
and place correctly given above?*Yes*Signature of
Physician*D E Stone*

Address

Mt Pleasant

Accident or Suicide?

*Frederick County*PHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

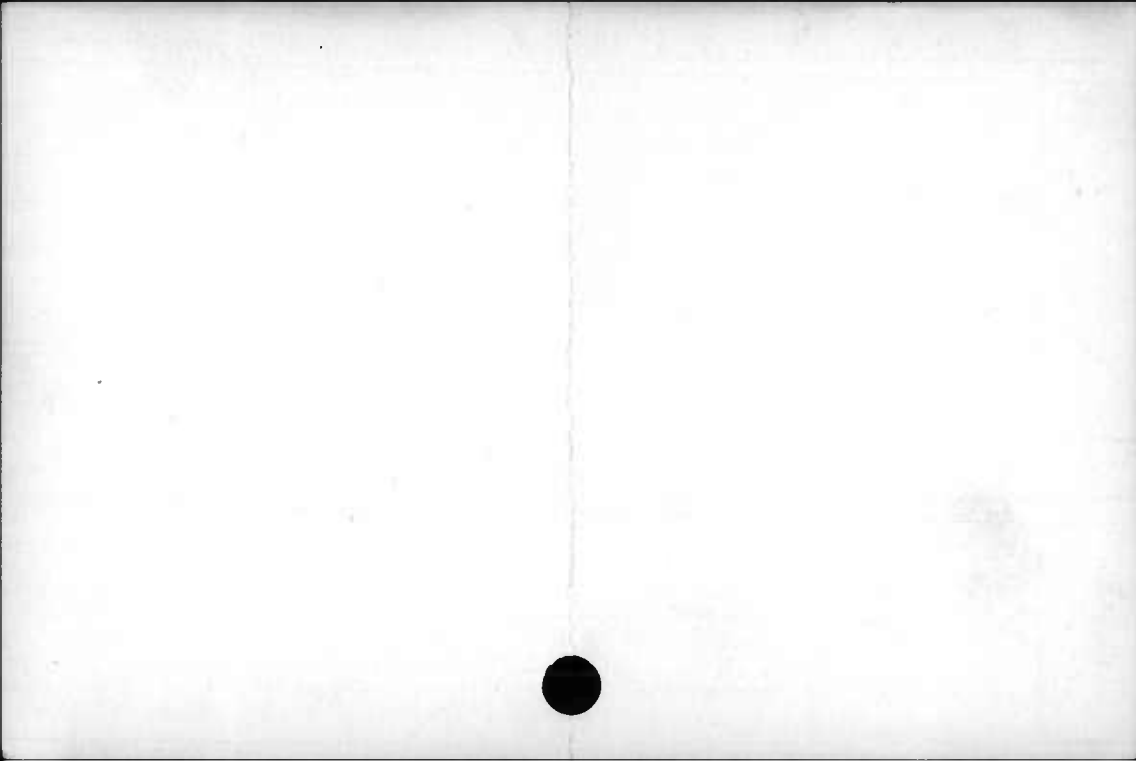
Died at <i>Middleton</i> Town		<i>Fredrick</i> County		MARYLAND	
Date of death <i>1907</i>	Month <i>10</i>	Day <i>5</i>	Age <i>66</i>	Years <i>11</i>	Months <i>17</i>
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Geo</i>		
Occupation <i>Farmer</i>	Where Residing if not at place of death <i>x</i>				
Married, <i>Yes</i>	Name of Wife <i>Doub</i>				
Father's Name <i>Evans Doub.</i>	Father's Birthplace <i>Geo</i>				
Mother's Maiden Name <i>Edley S</i>	Mother's Birthplace				
Name of person giving information <i>James Doub</i>	How related to deceased <i>Son</i>				

CAUSES OF DEATH

79

PHYSICIAN
OR CORONER

Primary <i>Organic Heart Disease</i>	How long <i>3 years</i>
Immediate <i>Uraemia</i>	How long <i>4 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Franklin Buchanan Jones</i>
	Address <i>Fredrick Md</i>
Accident or Suicide?	



Name
in
FullNo 17
CERTIFICATE OF DEATHTO BE ANSWERED BY
NEAREST FRIEND

Name *Margaret J. Dowd* Town *New Market* County *Fred C* MARYLAND

Died at *New Market*

Date of death 1907 Month *10* Day *22* Age *82* Years Months *10* Days *19*

Sex *Female* Color or Race *White* Birthplace *Fred C*

Occupation *Housewife* Where Residing if not at place of death

~~Married, Single or Widowed~~ Name of ~~Wife~~ or Husband *Mrs Dowd*

Father's Name *Jesse Wright* Father's Birthplace *Fred C*

Mother's Maiden Name *Margaret Mantz* Mother's Birthplace *Fred C*

Name of person giving information *S Dowd* How related to deceased *Son*

CAUSES OF DEATH

(179)

PHYSICIAN
OR CORONER

Primary *Dilatation of Heart* How long *8 mo.*

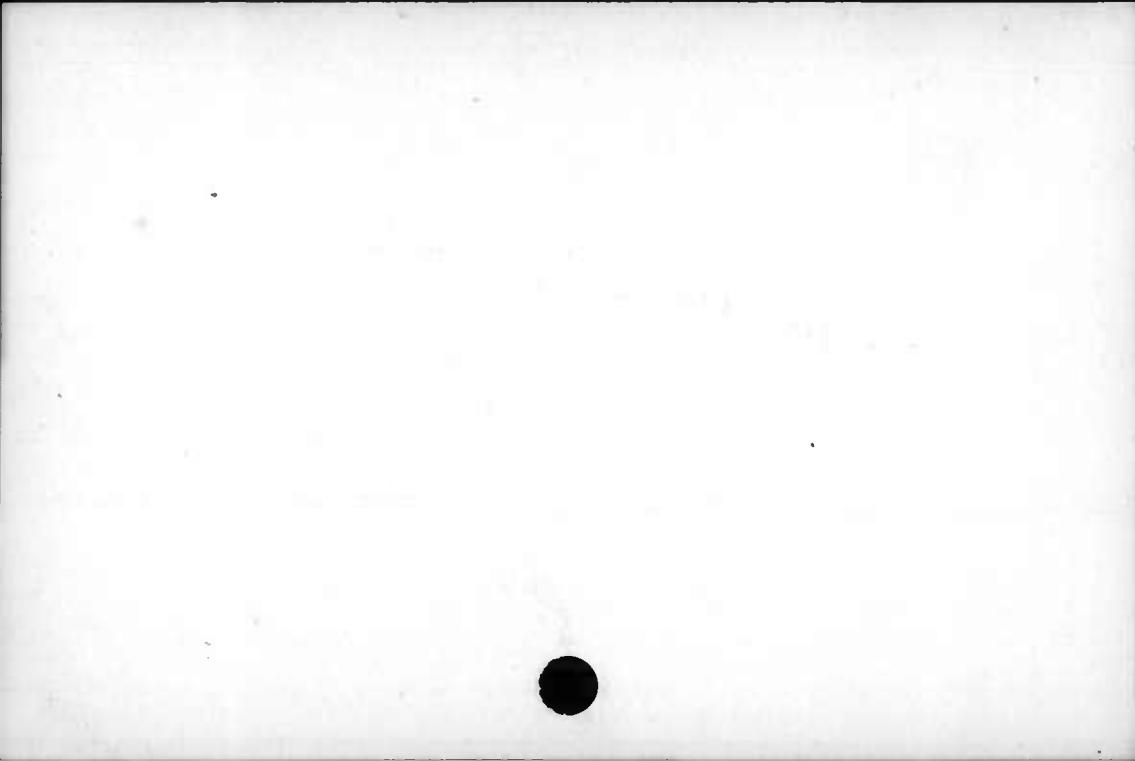
Immediate *Dropsy* How long *3 mo.*

Are the name, age, sex, color, date and place correctly given above? *yes*

Signature of Physician *J W Dowd*

Address *New Market*

~~Accident or Suicide~~



Name
in
Full

Sarah Catherine Esterly

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at ^{Town} *Frederick* ^{County} *Frederick* **MARYLAND**

Date of death *1907* ^{Month} *10* ^{Day} *30* ^{Years} *68* ^{Months} *7* ^{Days} *—*

Sex *Female* Color or Race *White* Birth-place *City*

Occupation *House Wife* Where Residing if not at place of death *Same*

Married, Single or Widowed *Widow* Name of ~~Wife or~~ Husband *Philip Esterly*

Father's Name *Ezra Dadisman* Father's Birthplace *Frederick Md*

Mother's Maiden Name *Catherine Kehler* Mother's Birthplace *Va*

Name of person giving information *John Dadisman* How related to deceased *Brother*

CAUSES OF DEATH

50

PHYSICIAN
OR CORONER

Primary *Diabetes Mellitus* How long *20 yrs*

Immediate *Uremic Coma* How long *2 days*

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

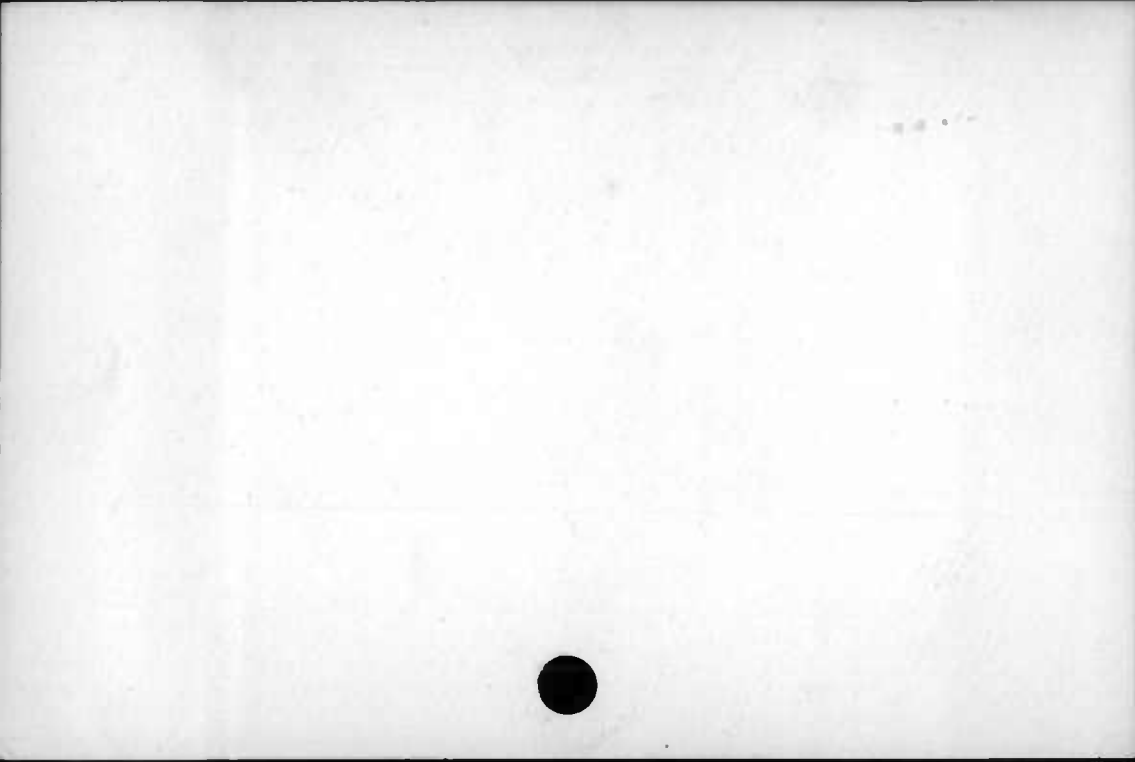
W. C. Campbell

Address

*Frederick**Md*

Accident or Suicide?

—



Name
in
Full

Christy Fasold

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

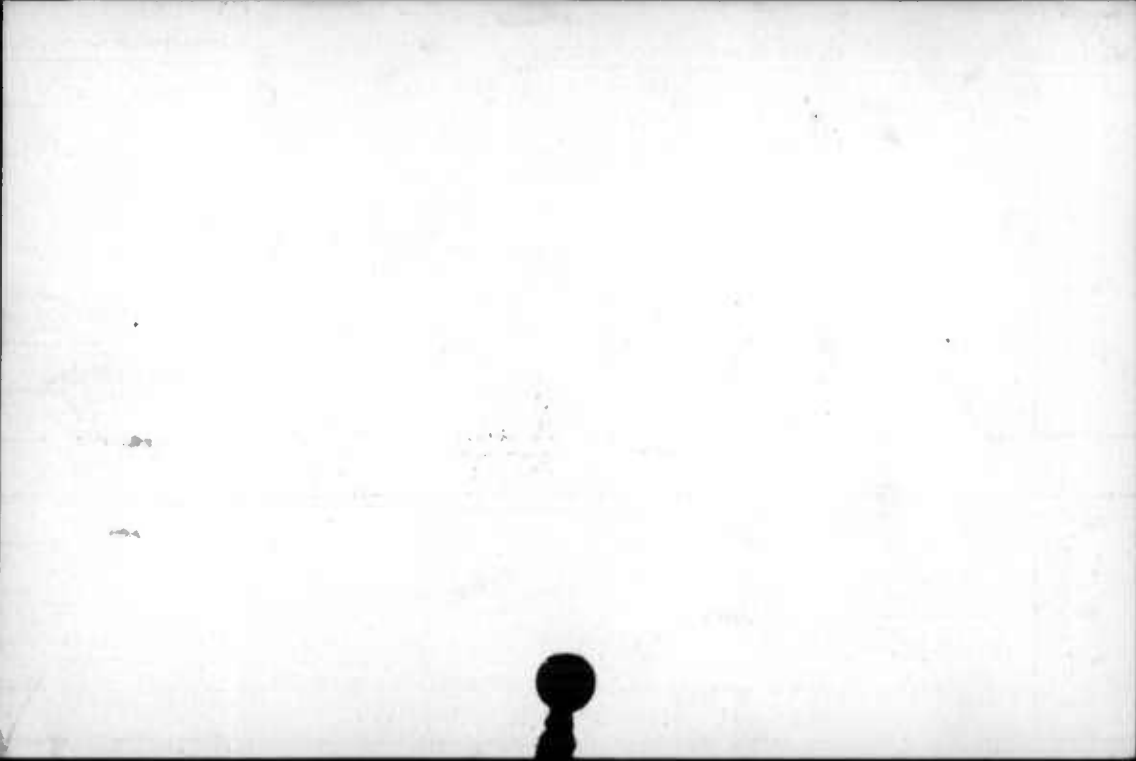
Died at <i>Burkittsville</i> ^{Town}		<i>Frederick</i> ^{County}		MARYLAND	
Date of death <i>1907</i>	Month <i>10</i>	Day <i>4</i>	Age <i>38</i>	Months <i>5</i>	Days <i>10</i>
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Pennsylvania</i>		
Occupation <i>Housewife</i>		Where Residing if not at place of death <i>Burkittsville</i>			
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>P. B. Fasold</i>				
Father's Name <i>Wishie Shultz</i>	Father's Birthplace <i>Pa</i>				
Mother's Maiden Name <i>Charlott Augustine</i>	Mother's Birthplace <i>Pa</i>				
Name of person giving information <i>P. B. Fasold</i>			How related to deceased <i>Husband</i>		

CAUSES OF DEATH

27

PHYSICIAN
OR CORONER

Primary <i>Tuberculosis</i>	How long <i>abt. 2 years.</i>
Immediate	How long
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>F. H. Charles, M.D.</i>
	Address <i>Hagerstown, Md.</i>
Accident or Suicide? <i>Neither</i>	



Name
in
Full

Frederick Harris Filler

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

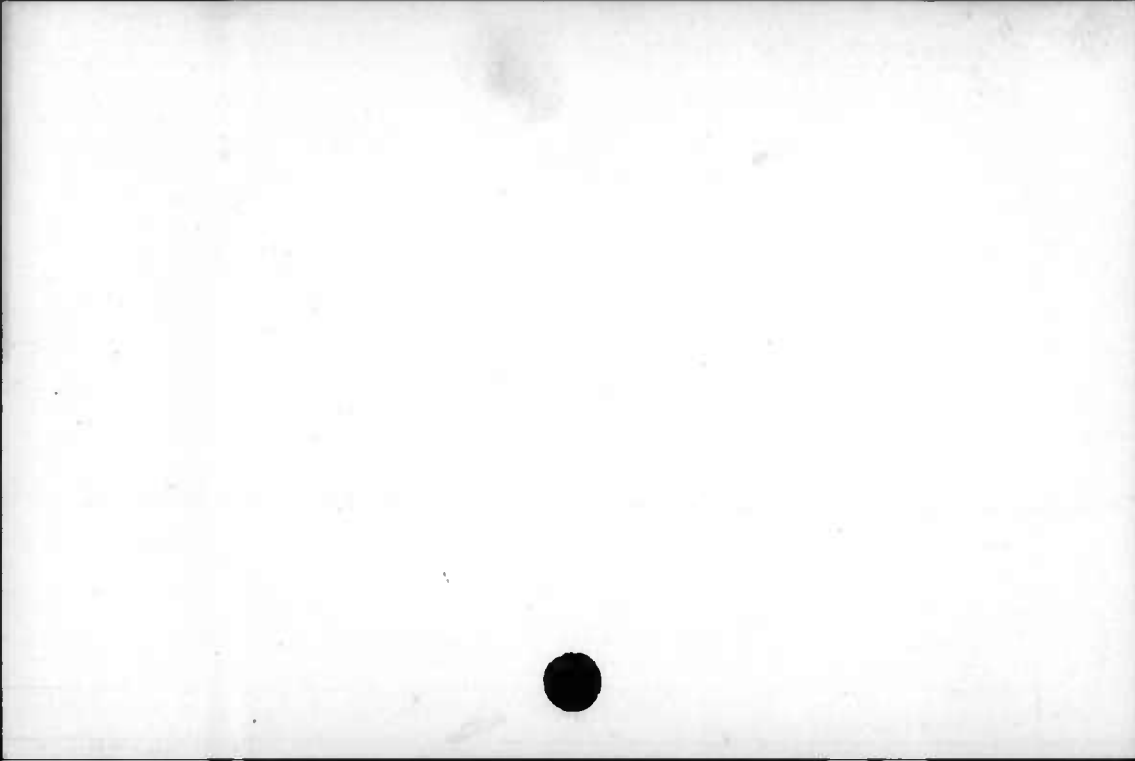
Died at <i>Frederick</i> Town		<i>Frederick</i> County		MARYLAND	
Date of death	1907	Month	Oct.	Day	17
Age	2	Years		Months	6
		Days	17		
Sex	<i>male</i>		Color or Race	<i>white</i>	
Occupation			Birth-place	<i>Frederick, Md.</i>	
Married, Single or Widowed <i>Single</i>			Name of Wife or Husband		
Father's Name <i>William E. Filler</i>			Father's Birthplace <i>Va</i>		
Mother's Maiden Name <i>Mary C. Neimeier</i>			Mother's Birthplace <i>Frederick Md.</i>		
Name of person giving information <i>Wm E. Filler</i>			How related to deceased <i>Father</i>		

CAUSES OF DEATH

7

PHYSICIAN
OR CORONER

Primary	<i>Scarlet Fever & Laryngeal Diphtheria</i>	How long	<i>5 days</i>
Immediate	<i>Cardiac Asthenia</i>	How long	<i>one day</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>J. O. Newdrix, M.D.</i>	
		Address <i>Frederick, Md.</i>	
Accident or Suicide? <i></i>			



Name
in
Full

Mary Ann Goy

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Town</i> <i>Fredrick</i>		<i>County</i> <i>Fredk's</i>		MARYLAND	
Date of death	1907	Month	10	Day	10
Age	62	Years		Months	—
Sex	Female	Color or Race	White	Birth-place	F. Co Md
Occupation	Maid		Where Residing if not at place of death		
Married, Single or Widowed			Name of Wife or Husband		
Single					
Father's Name	Baltzell Goy.			Father's Birthplace	F. Co Md
Mother's Maiden Name	Lydia Stetely.			Mother's Birthplace	" " "
Name of person giving information	Lady Strasburger			How related to deceased	Niece

CAUSES OF DEATH

164

PHYSICIAN
OR CORONER

Primary	<i>Caulwood injuries from fall</i>		How long	<i>Stomach</i>
Immediate	<i>Stroke & hemorrhage</i>		How long	<i>Stomach</i>
Are the name, age, sex, color, date and place correctly given above?		yes	Signature of Physician	
			Address	
			<i>F. Co Md</i>	
Accident or suicide?		Accident	over	

Interment Oct 13 - 07

" at Mt Olivet Cemetery

Thomas P. Rice F. O.

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Name *Julia Bell Hicks*

Died at *Burkittsville* Town *Fredrick* County

Date of death *1907* Month *Oct* Day *12* Age *23* Years Months *9* Days *27*

Sex *Female* Color or Race *Black* Birth-place *Fred. Co.*

Occupation *None* Where Residing if not at place of death *Burkittsville*

Married, Single or Widowed *Single* Name of Wife or Husband *None*

Father's Name *Edmond Hicks* Father's Birthplace *Shawville, Md.*

Mother's Maiden Name *Maria Loan* Mother's Birthplace *Fred. Co.*

Name of person giving information *Edmond Hicks* How related to deceased *Father*

CAUSES OF DEATH

27

PHYSICIAN
OR CORONER

Primary *Tuberculosis* How long *1 yr*

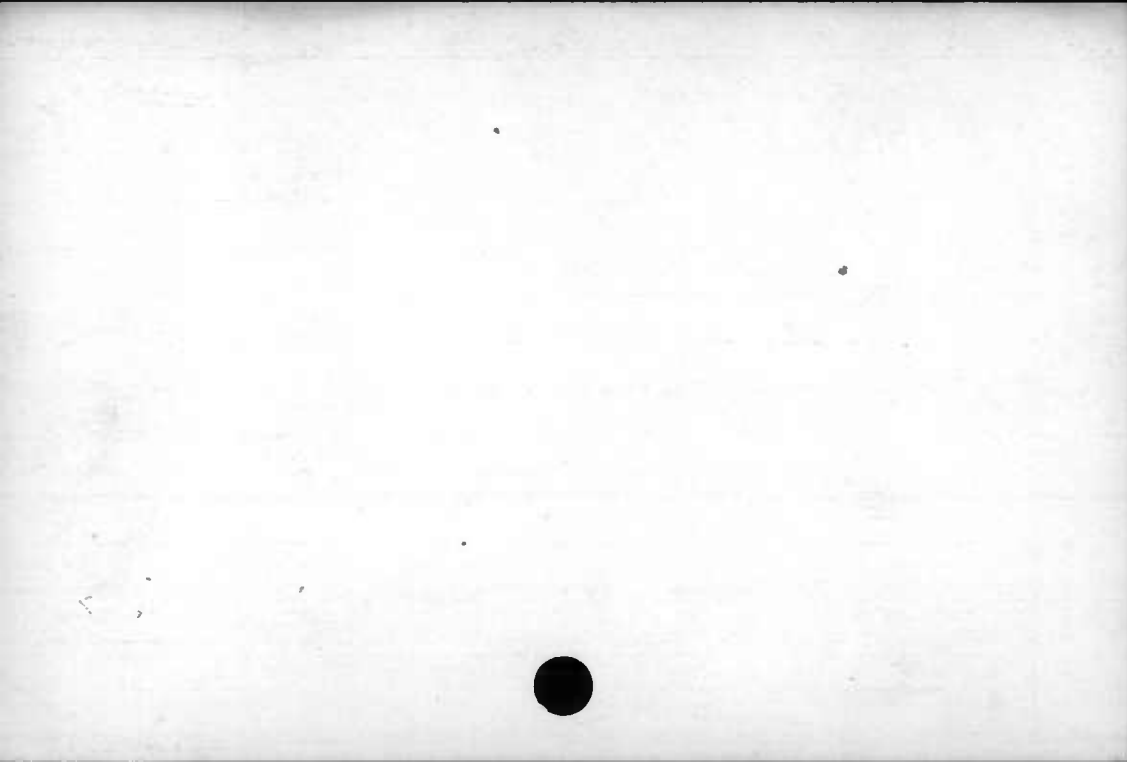
Immediate *Asphyxiation* How long *1 week*

Are the name, age, sex, color, date and place correctly given above? *yes*

Signature of Physician *See you later M.D.*

Address *Burkittsville*

Accident or Suicide? *Neither*



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name <i>Walt Johnson</i>		Town <i>Frederick</i>		County <i>Frederick</i>		MARYLAND	
Died at <i>Frederick</i>		Month <i>10</i>		Day <i>16</i>		Years <i>—</i>	
Date of death <i>1907</i>		Month <i>10</i>		Day <i>16</i>		Years <i>—</i>	
Sex <i>Male</i>		Color or Race <i>Black</i>		Birth-place <i>City</i>		Days <i>17</i>	
Occupation <i>—</i>				Where Residing if not at place of death <i>Same</i>			
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>—</i>					
Father's Name <i>Mr. L. Johnson</i>		Father's Birthplace <i>Md</i>					
Mother's Maiden Name <i>Ida Goff</i>		Mother's Birthplace <i>Ta</i>					
Name of person giving information <i>Ida Johnson</i>		How related to deceased <i>Mother</i>					

CAUSES OF DEATH

93

PHYSICIAN
OR CORONER

Primary <i>Pneumonia</i>	How long <i>One week</i>
Immediate <i>Pneumonia</i>	How long <i>One week</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>C. T. S. Appington</i>
	Address <i>Frederick</i>
Accident or Suicide? <i>—</i>	<i>May 1907</i>

Interment at Greenmount

" Oct 18- 07

Thomas T. Rice F.D.

Dr. Saffington,

Name
in
Full

Mrs Anna Jones

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

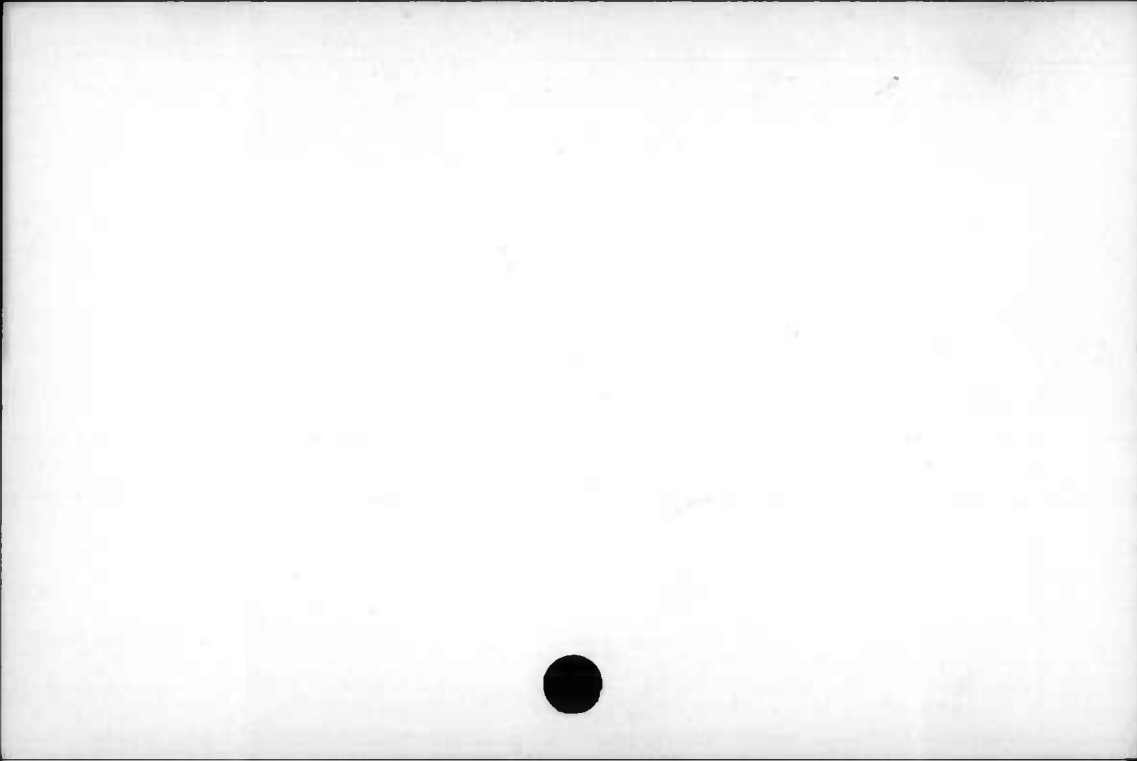
Died at		Town <i>Fredrick</i>		County <i>Fredenck</i>		MARYLAND	
Date of death		Month	Day	Age	Years	Months	Days
1907		10	14	84			
Sex		Color or Race		Birth-place			
Female		white		Fredrick			
Occupation				Where Residing if not at place of death			
none							
<input checked="" type="checkbox"/> Widowed				Name of Wife or Husband			
				Mrs Anna Jones			
Father's Name				Father's Birthplace			
Fredrick Markley				Fredrick			
Mother's Maiden Name				Mother's Birthplace			
Anna H. Markley				Fredrick			
Name of person giving information				How related to deceased			
Mrs Geo. H. Zimmerman				Niece			

CAUSES OF DEATH

64

PHYSICIAN
OR CORONER

Primary	<i>Acute Indigestion</i>	How long	<i>18 hours</i>
Immediate	<i>apoplexy</i>	How long	<i>6 hours</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
yes		<i>Wm. Crawford Lucas M.D.</i>	
		Address	
		<i>Fredrick Md.</i>	
Accident or Suicide?			



Name
in
Full

CERTIFICATE OF DEATH

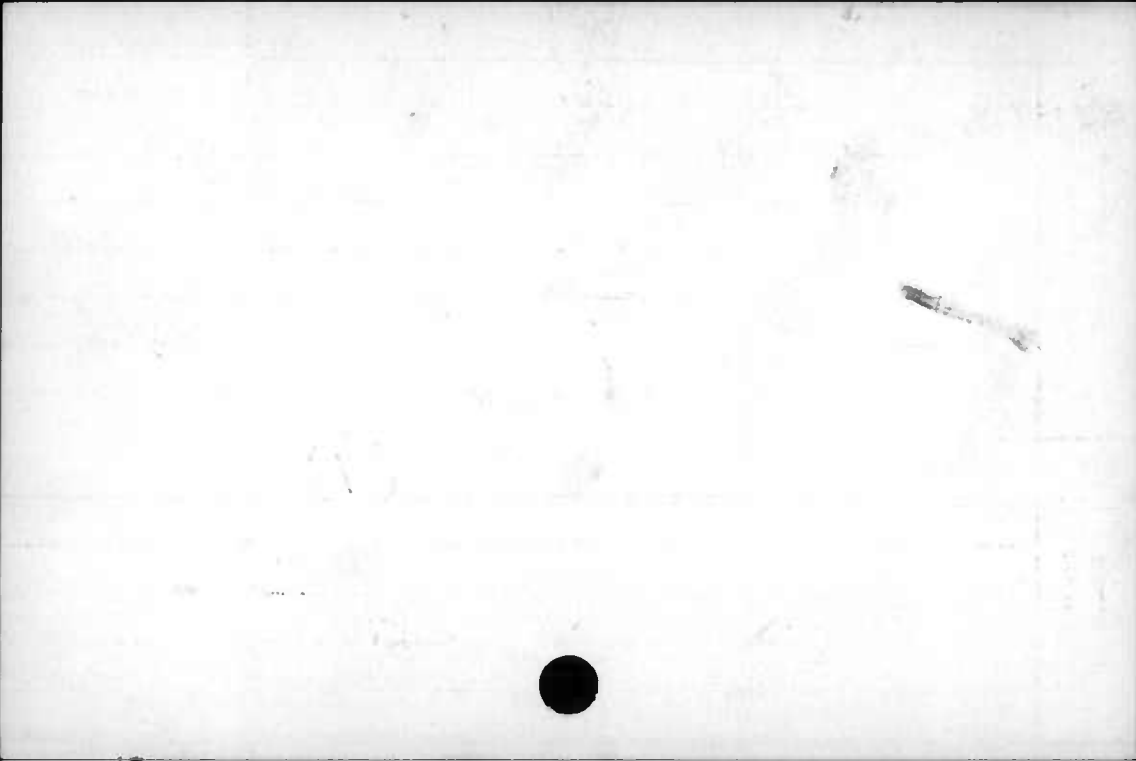
TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>Mary J Keener</i>		Town <i>Woodabow</i>		County <i>Spred.</i>		State <i>MARYLAND</i>	
Date of death <i>1907</i>		Month <i>Oct.</i>	Day <i>16</i>	Age <i>63</i>	Years <i>3</i>	Months <i>7</i>	Days <i>7</i>
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Centerville Md.</i>			
Occupation <i>Housewife</i>		Where Residing if not at place of death <i>Centerville Md.</i>					
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Solomon P Keener</i>					
Father's Name <i>Solomon Beard</i>		Father's Birthplace <i>Spred. Co.</i>					
Mother's Maiden Name <i>Margaret Beard</i>		Mother's Birthplace <i>Spred. Co.</i>					
Name of person giving information <i>Annie Stultz</i>		How related to deceased <i>Name</i>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Typhoid Fever</i>	How long <i>2 Weeks</i>
Immediate <i>Heart failure</i>	How long <i>2 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes -</i>	Signature of Physician <i>C. A. Stultz</i>
<i>To best of my knowledge</i>	Address <i>Woodabow Md.</i>
Accident or Suicide? <i>No</i>	



Name
in
Full

CERTIFICATE OF DEATH

John W. Kellar

Town

Brunswick

County

Brunswick

MARYLAND

Died at

Date

of death 1907

Month

Oct.

Day

5

Age

Years

76

Months

0

Days

18

Sex

Male

Color or
Race

White

Birth-
place

Hampsonburg, Va.

Occupation

None

Where Residing if not
at place of death

Brunswick

Married, Single
or Widowed

Married

Name of Wife or
Husband

Nancy M. Kellar (née Cunningham)

Father's
Name

William Kellar

Father's
Birthplace

Maryland

Mother's
Maiden Name

Susan Hamilton

Mother's
Birthplace

"

Name of person giving
information

Nancy M. Kellar

How related
to deceased

Wife

CAUSES OF DEATH

64

Primary

Coronary Arteriosclerosis

How long

3 months

Immediate

(Pylo-nephritis) - Uraemia

How long

4 days

Are the name, age, sex, color, date
and place correctly given above?

Yes

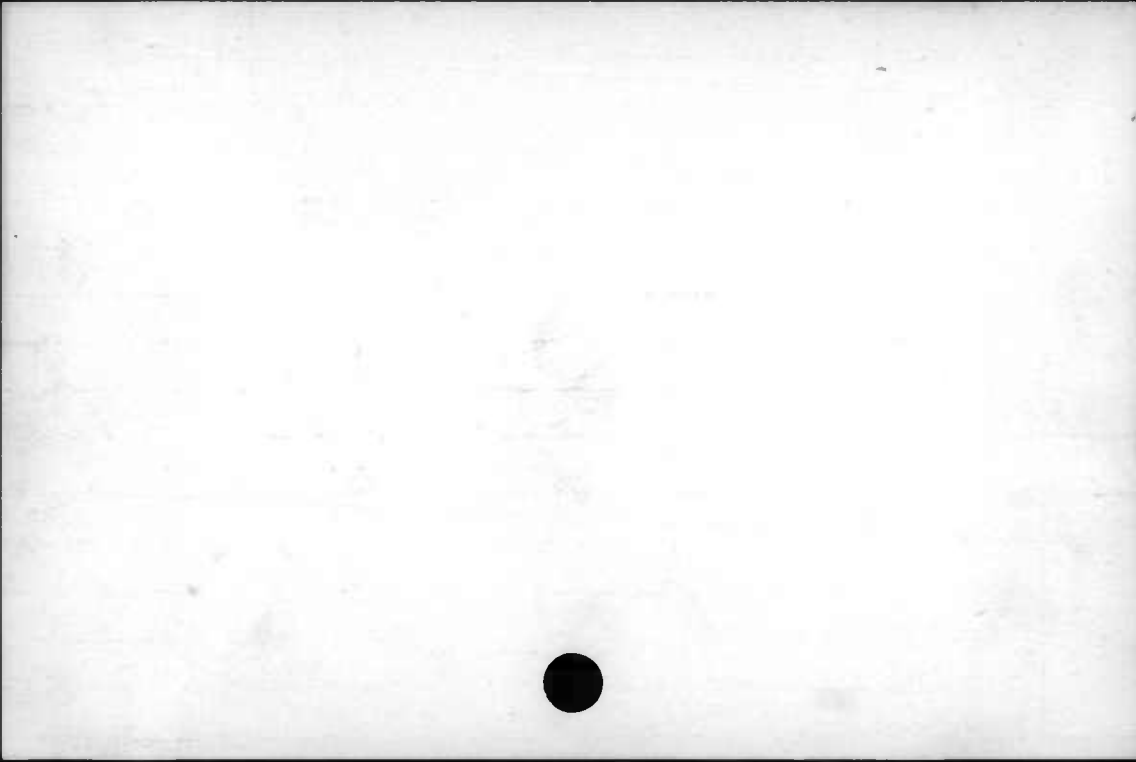
Signature of
Physician

Address

C. W. R. Connor
Brunswick, Md.

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

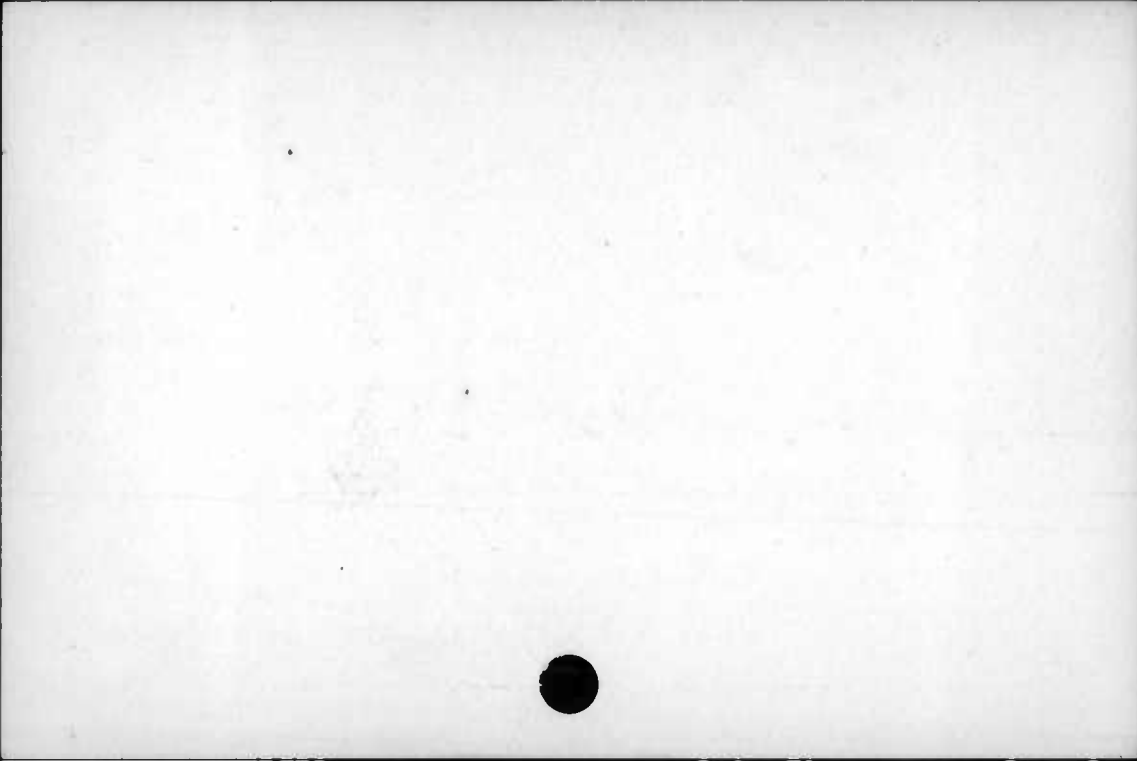
Name in Full Thomas Loring		Town Emmitsburg		County Frederick		MARYLAND	
Died at Emmitsburg		Month Oct		Day 29		Years 12	
Date of death 1907		Month Oct		Day 29		Years 12	
Sex Male		Color or Race White		Birth-place Cumberland			
Occupation Student				Where Residing if not at place of death ==			
Married, Single or Widowed Single		Name of Wife or Husband					
Father's Name Frederick Loring		Father's Birthplace Cumberland					
Mother's Maiden Name Catherine Loring		Mother's Birthplace Cumberland					
Name of person giving information Mr. Thuss		How related to deceased Niece					

CAUSES OF DEATH

47

PHYSICIAN
OR CORONER

Primary Acute Inflammatory Pneumonia	How long 4 Days
Immediate Heart Failure	How long at once
Are the name, age, sex, color, date and place correctly given above? Yes	Signature of Physician John B. Brown, M.D.
	Address Emmitsburg, Md.
Accident or Suicide?	



Name
in
Full

David Leather

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>near Urbana,</i>		Town <i>Frederick</i>		County		MARYLAND	
Date of death	1907	Month	Oct	Day	10 th	Age	88
Sex		Male		Color or Race		White	
Occupation		Farmer		Birth-place		Md.	
Where Residing if not at place of death							
Married, Single or Widowed		Name of Wife or Husband <i>Margaret Haygan,</i>					
Father's Name		<i>John Leather,</i>		Father's Birthplace		Md.	
Mother's Maiden Name		<i>Elizabeth Leather,</i>		Mother's Birthplace		Md.	
Name of person giving information		<i>James Leather,</i>		How related to deceased		Brother.	

CAUSES OF DEATH

132

PHYSICIAN
OR CORONER

Primary	<i>Old Age.</i>	How long	<i>Four years</i>
Immediate	<i>Urinary & Kidney trouble</i>	How long	<i>Sudden</i>
Are the name, age, sex, color, date and place correctly given above?		Yes <i>Subscribed</i>	
Signature of		<i>Thomas Grunwell,</i>	
Address		<i>Araby, Md.</i>	
Accident or Suicide?			



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

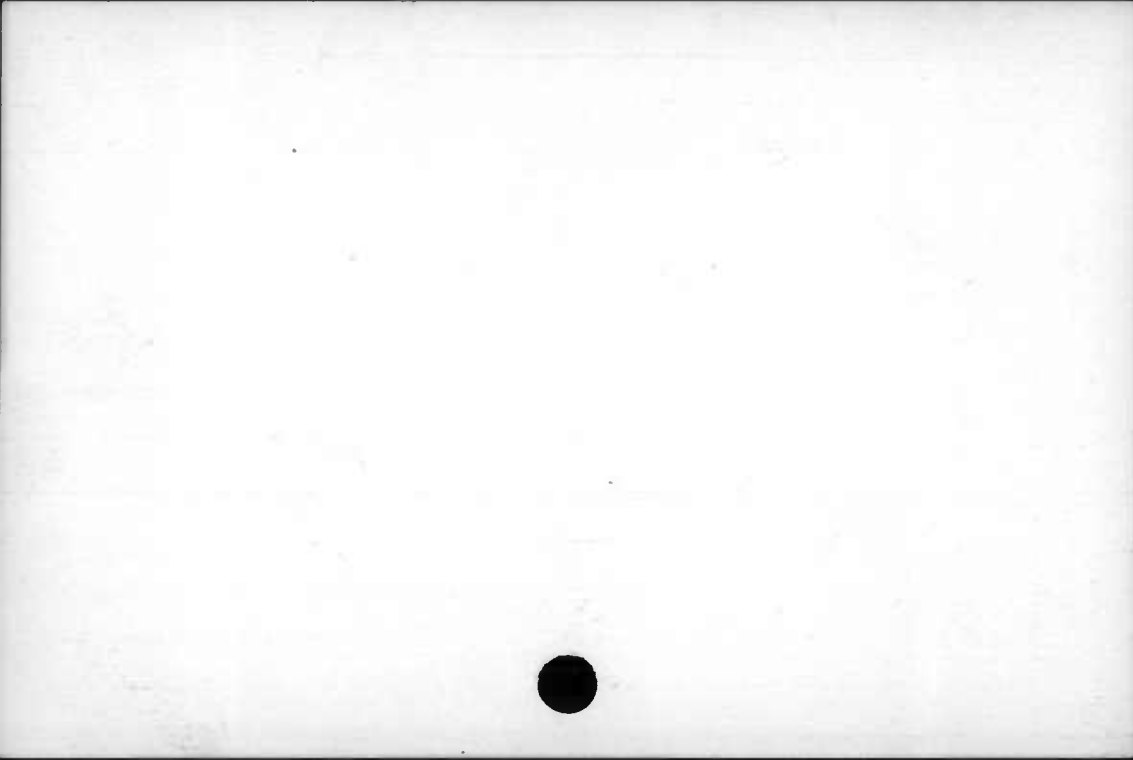
Died at		Town <i>Mardobors</i>		County <i>Arct.</i>		MARYLAND	
Date of death		Month <i>Oct</i>	Day <i>7</i>	Years <i>89</i>	Months <i>4</i>		Days <i>27</i>
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Mo.</i>			
Occupation <i>Printer</i>				Where Residing if not at place of death <i>Mo.</i>			
Married, Single or Widowed <i>Mar</i>		Name of Wife or Husband <i>Mollie Keller</i>					
Father's Name <i>Basel Lewis</i>				Father's Birthplace <i>Grand Ky.</i>			
Mother's Maiden Name <i>Cornelia Miles</i>				Mother's Birthplace <i>Thurmont</i>			
Name of person giving information <i>Mrs. W. H. Lewis</i>				How related to deceased <i>His wife</i>			

CAUSES OF DEATH

157

PHYSICIAN
OR CORONER

Primary		How long	
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
		Address	
Accident or Suicide?			



Name
in
Full

Sarah Little

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

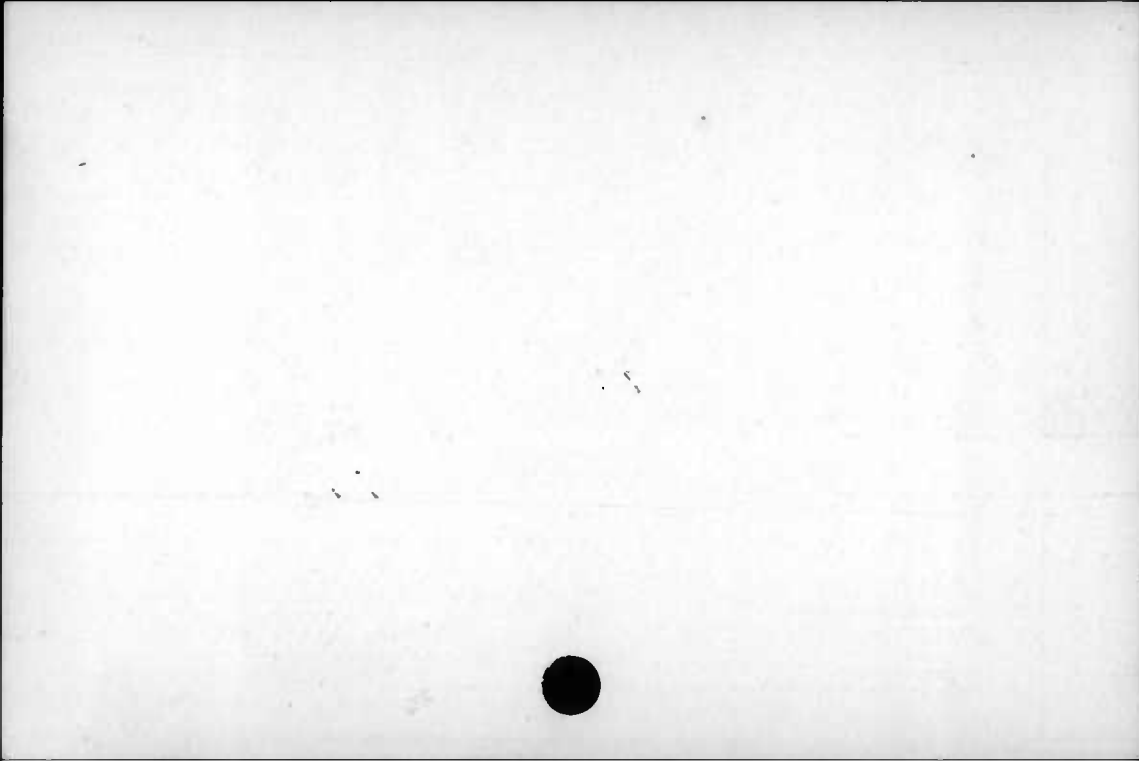
Died at <i>Monticello</i>		County <i>Andres</i>		MARYLAND	
Date of death	190 <i>7</i>	Month <i>10</i>	Day <i>26</i>	Age <i>36</i>	Months <i>—</i> Days <i>—</i>
Sex <i>Female</i>	Color or Race <i>Colored</i>		Birth-place <i>Stones River, Tenn.</i>		
Occupation <i>Housewife</i>		Where Residing if not at place of death			
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>Unknown</i>				
Father's Name <i>Unknown</i>		Father's Birthplace <i>Unknown</i>			
Mother's Maiden Name <i>Unknown</i>		Mother's Birthplace <i>Unknown</i>			
Name of person giving information <i>Herpetus Murchison</i>		How related to deceased			

CAUSES OF DEATH

27

PHYSICIAN
OR CORONER

Primary <i>Pulmonary Tuberculosis</i>	How long <i>2 mo</i>
Immediate <i>Exhaustion</i>	How long
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>R. L. Lyson</i>
	Address <i>Theobalds, Md</i>
Accident or Suicide? <i>—</i>	



Name
in
Full

Susan E. McBlane,

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

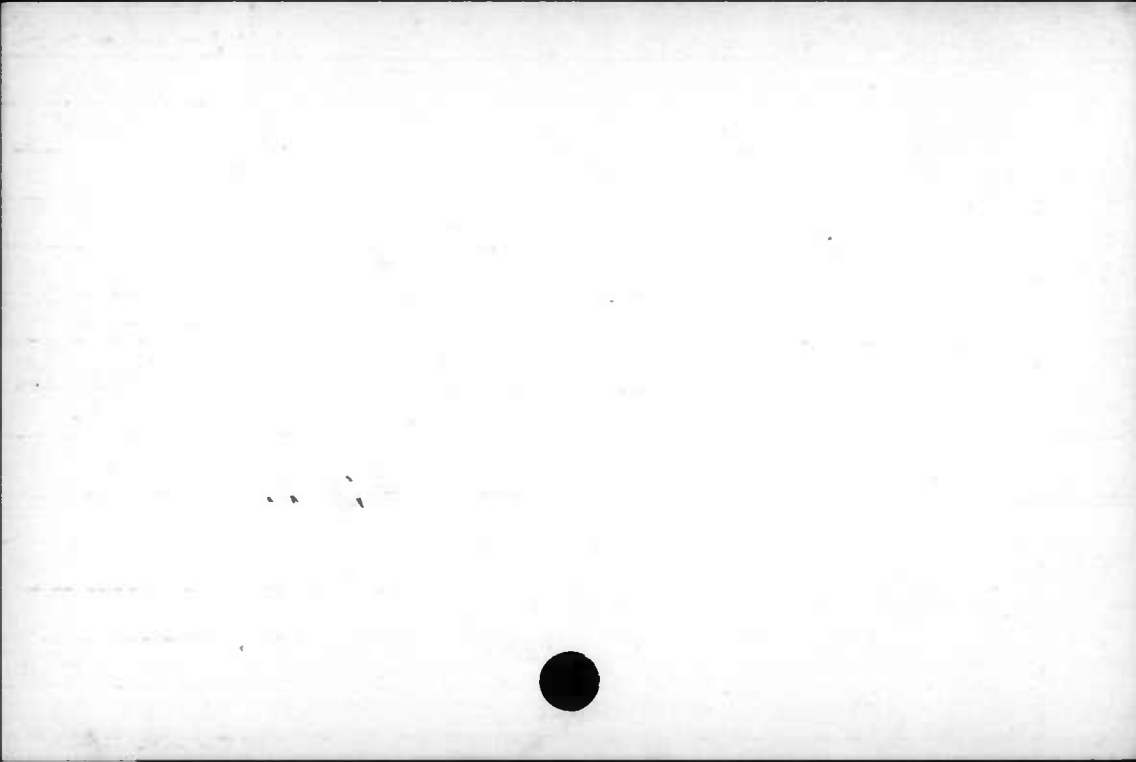
Died at <i>Sabillasville</i>		Town <i>Frederick</i>		County		MARYLAND	
Date of death <i>1907</i>	Month <i>10</i>	Day <i>5</i>	Age <i>69</i>	Years <i>7</i>	Months <i>28</i>	Days	
Sex <i>Female</i>	Color or Race <i>white</i>		Birth-place <i>Md</i>				
Occupation <i>None</i>			Where Residing if not at place of death <i>at place of death</i>				
Married, Single or Widowed <i>Widow</i>		Name of Wife or Husband <i>John McBlane</i>					
Father's Name <i>Lewis Workinbaker</i>				Father's Birthplace <i>Md</i>			
Mother's Maiden Name <i>Catharine Outrow</i>				Mother's Birthplace <i>Md</i>			
Name of person giving information <i>C. H. A. Hillier</i>				How related to deceased <i>Son in law.</i>			

CAUSES OF DEATH

179

PHYSICIAN
OR CORONER

Primary <i>General Debility</i>	How long <i>5 years</i>
Immediate	How long
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>C. L. Wachter M.D.</i>
	Address <i>Sabillasville Md.</i>
Accident or Suicide?	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

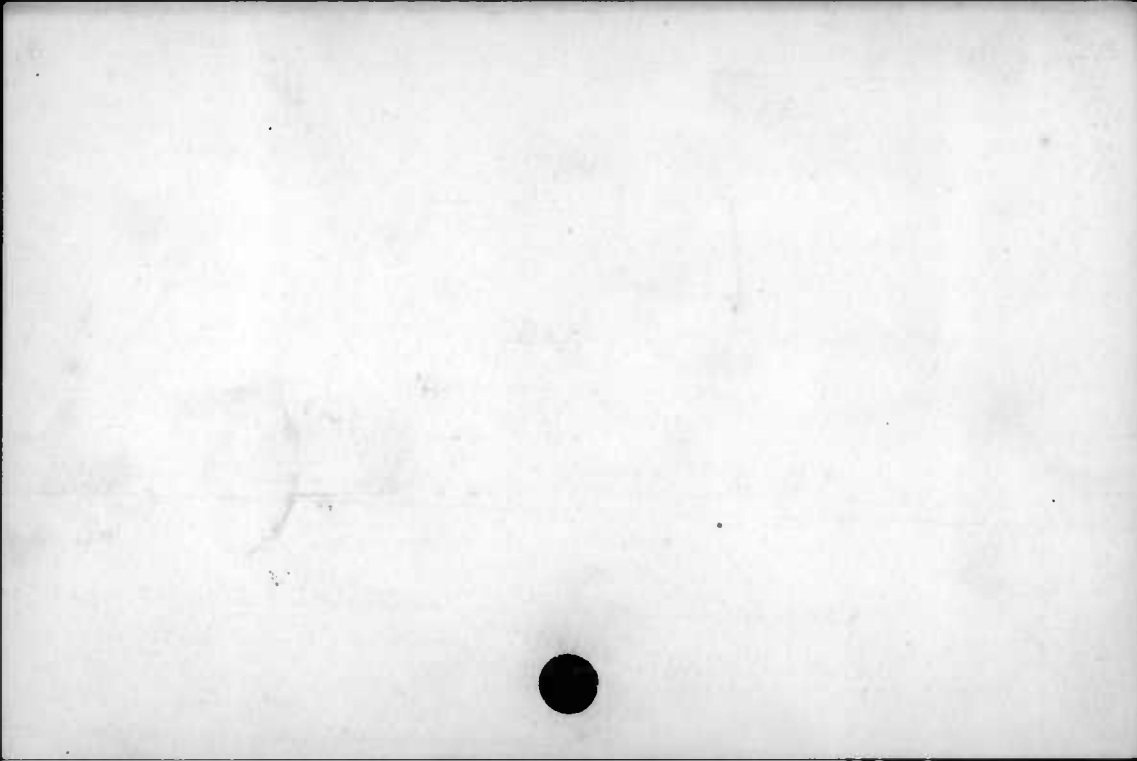
Died at <i>Frederick</i> <small>Town</small>		<i>Frederick</i> <small>County</small>		MARYLAND	
Date of death <i>1907</i> <small>Month</small> <i>October</i> <small>Day</small> <i>23</i>		Age <i>64</i> <small>Years</small>		<i>9</i> <small>Months</small> <i>23</i> <small>Days</small>	
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Frederick</i>	
Occupation <i>Judge</i>		Where Residing if not at place of death			
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Clara J. Mc Sherry</i>			
Father's Name <i>James Mc Sherry</i>		Father's Birthplace <i>Liberty</i>			
Mother's Maiden Name <i>Eliza Blair</i>		Mother's Birthplace <i>Frederick</i>			
Name of person giving information <i>W. C. Mc Sherry</i>		How related to deceased <i>Son.</i>			

CAUSES OF DEATH

79

PHYSICIAN
OR CORONER

Primary	<i>Myocarditis</i>	How long	<i>9 months</i>
Immediate	<i>Angina Pectoris</i>	How long	<i>Immediate</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>J. B. Johnson</i>	
		Address <i>Indians and</i>	
Accident or Suicide?			



Name
in
Full

Jobr. Madison Miller

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

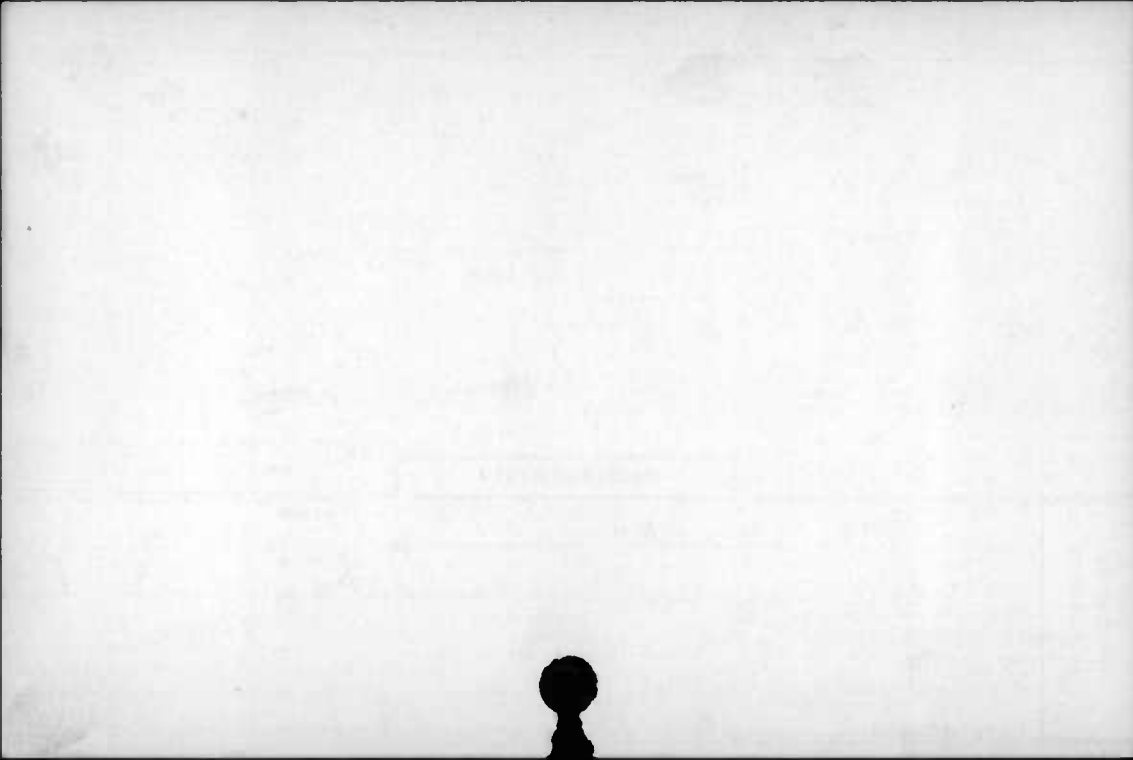
Died at <u>1 Emmaville</u> <small>Town</small>		<u>Frederick</u> <small>County</small>		MARYLAND	
Date of death <u>1907</u>	<u>Oct</u> <small>Month</small>	<u>9</u> <small>Day</small>	Age <u>67</u> <small>Years</small>	<u>11</u> <small>Months</small>	<u></u> <small>Days</small>
Sex <u>male</u>	Color or Race <u>white</u>		Birth-place <u>5th</u>		
Occupation <u>merchant</u>	Where Residing if not at place of death				
Married, Single or Widowed <u>married</u>	Name of Wife or Husband <u>Sarah Victoria Mann</u>				
Father's Name <u>Jobr. Miller</u>	Father's Birthplace <u>5th</u>				
Mother's Maiden Name <u>Caroline Sichel</u>	Mother's Birthplace <u>5th</u>				
Name of person giving information <u>Sarah J. Miller</u>	How related to deceased <u>wife</u>				

CAUSES OF DEATH

(180)

PHYSICIAN
OR CORONER

Primary	<u>Angina Pectoris</u>	How long <u>6 hours</u>
Immediate		How long
Are the name, age, sex, color, date and place correctly given above?	<u>yes</u>	Signature of Physician <u>Levin West</u>
		Address <u>13 Runswick</u> <u>Frederick Co</u>
Accident or Suicide?		



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name John Henry Miller

Town Branswick **County** Frederick

MARYLAND

Died at Branswick

Date of death 1907 **Month** Oct **Day** 28 **Age** 77 **Years** 77 **Months** - **Days** -

Sex male **Color or Race** white **Birth-place** Va

Occupation none **Where Residing if not at place of death** -

Married, Single or Widowed married **Name of Wife or Husband** Sallie N. Lancaster

Father's Name Peter Miller **Father's Birthplace** Va

Mother's Maiden Name Don't know **Mother's Birthplace** -

Name of person giving information Jm. Russell **How related to deceased** Daughter

CAUSES OF DEATH

104

PHYSICIAN
OR CORONER

Primary Acute Indigestion **How long** 1 day

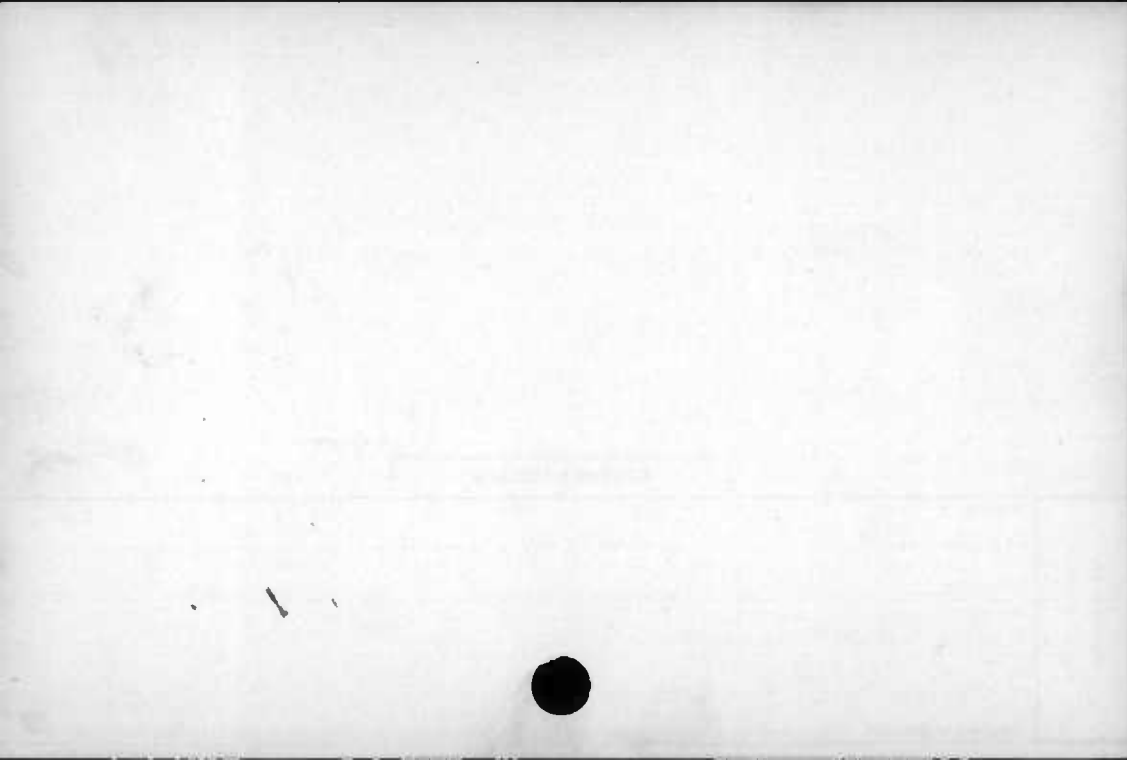
Immediate - **How long** -

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician H. A. Hedges

Address Branswick - Frederick Co

Accident or Suicide? -



Name
in
Full

(Niley) Lewis 76.

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

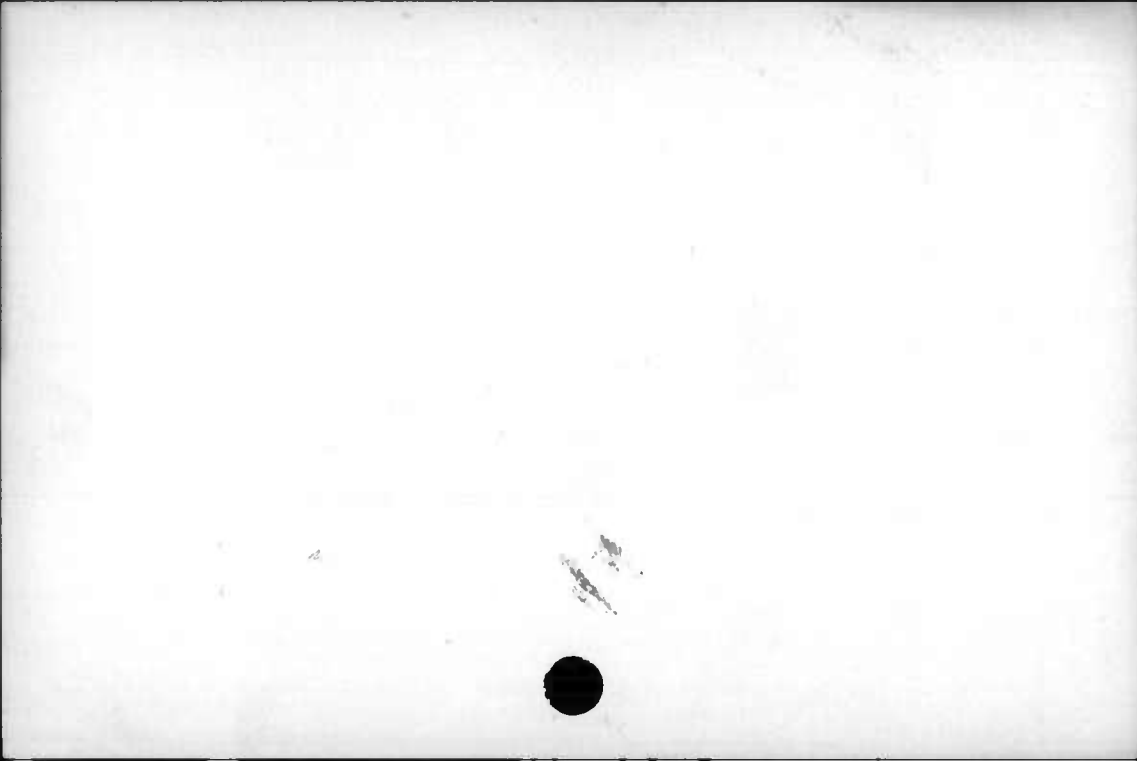
Died at <i>Frederick</i> Town		<i>Frederick</i> County		MARYLAND	
Date of death <i>1904</i>	Month <i>10</i>	Day <i>16</i>	Age <i>71</i>	Months	Days
Sex <i>Male</i>	Color or Race <i>Caucasian</i>		Birth-place <i>Id</i>		
Occupation <i>Butcher</i>		Where Residing if not at place of death <i>Frederick</i>			
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband				
Father's Name <i>Unknown</i>	Father's Birthplace <i>Id</i>				
Mother's Maiden Name <i>Unknown</i>	Mother's Birthplace <i>Id</i>				
Name of person giving information			How related to deceased		

CAUSES OF DEATH

(123)

PHYSICIAN
OR CORONER

Primary <i>Catheter Fever & Septic</i>	How long <i>One week</i>
Immediate <i>Septicemia</i>	How long <i>3 days.</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>A.P. Fahney MD</i>
	Address <i>Frederick Md</i>
Accident or Suicide?	



Name
in
Full

Mantua

Winster

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

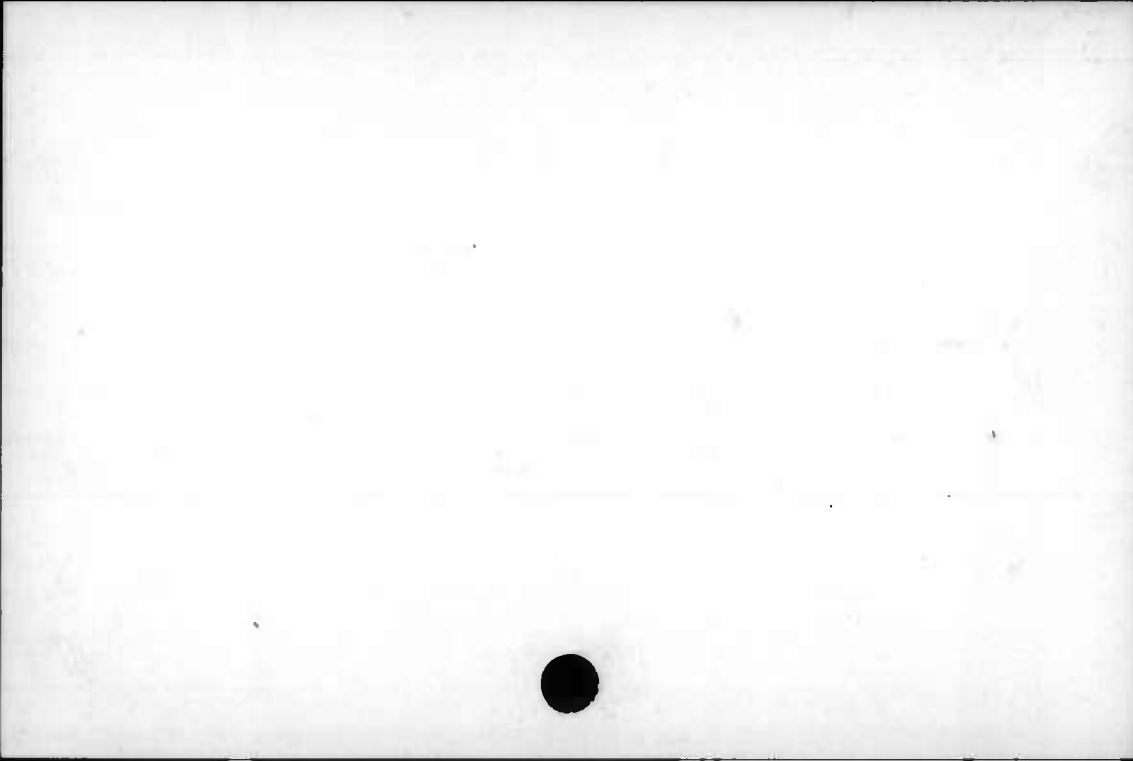
Died at		Town Freak		County Freak		MARYLAND	
Date of death	1907	Month 10	Day 26	Age 37	Years	Months 4	Days 27
Sex	Female		Color or Race	Colored		Birth place	MD
Occupation	None			Where Residing if not at place of death			
Married, Single or Widowed	Married		Name of Wife or Husband Scott Miner				
Father's Name	Hiram Key					Father's Birthplace	MD
Mother's Maiden Name	Matilda Woodward					Mother's Birthplace	MD
Name of person giving Information	Scott Miner					How related to deceased	Husband

CAUSES OF DEATH

27

PHYSICIAN
OR CORONER

Primary	Acute Tuberculosis		How long	a few weeks
Immediate	exhaustion		How long	
Are the name, age, sex, color, date and place correctly given above?		yes	Signature of Physician	
			Address Freak MD	
Accident or Suicide?				



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

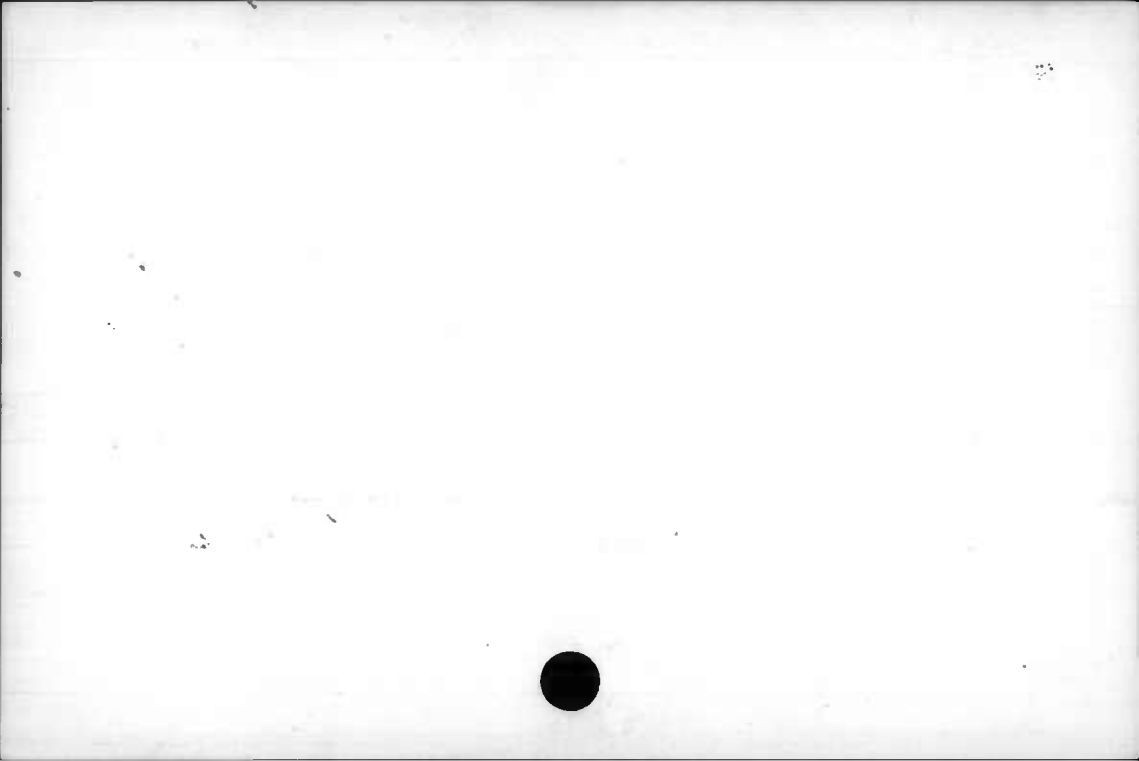
Name in Full <i>Mary E. Myers</i>		Town <i>Breagerstown</i>		County <i>Frederick</i>		MARYLAND	
Died at <i>Breagerstown</i>		Month <i>Oct</i>		Day <i>14</i>		Years <i>65</i>	
Date of death 190 <i>7</i>		Months <i>5</i>		Days <i>29</i>			
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Breagerstown</i>			
Married, Single or Widowed <i>Single</i>		Occupation <i>Housekeeper</i>					
Name of Wife or Husband <i></i>							
Father's Name <i>David Myers</i>				Father's Birthplace <i>Don't know</i>			
Mother's Maiden Name <i>Elizabeth Miller</i>				Mother's Birthplace <i>" "</i>			
Name of person giving information <i>H. A. Shryock</i>				How related to deceased <i>None</i>			

CAUSES OF DEATH

64

PHYSICIAN
OR CORONER

Primary <i>Valvular disease of heart</i>	How long <i>One year</i>
Immediate <i>Apoplexy</i>	How long <i>4 days</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>J. S. S. Young</i>
	Address <i>Breagerstown</i>
	<i>Frederick Co.</i>
Accident or Suicide?	



Name in Full		Town				County		CERTIFICATE OF DEATH					
TO BE ANSWERED BY NEAREST FRIEND		Died at <i>Frederick</i>				<i>Frederick</i>		MARYLAND					
		Date of death <i>1907</i>		Month <i>10</i>		Day <i>6</i>		Age <i>78</i>		Months <i>5</i>		Days <i>28</i>	
		Sex <i>Male</i>				Color or Race <i>Black</i>		Birth-place					
		Occupation <i>Laborer</i>				Where Residing if not at place of death <i>Same</i>							
		Married, Single or Widowed <i>Widowed</i>				Name of Wife or Husband <i>Catherine E.</i>							
		Father's Name <i>Richard Nichols</i>				Father's Birthplace							
		Mother's Maiden Name <i>Catherine H. Nichols</i>				Mother's Birthplace							
		Name of person giving information <i>John Burgess</i>				How related to deceased <i>Son In Law</i>							
		CAUSES OF DEATH				(154)							
PHYSICIAN OR CORONER		Primary <i>Senile Debility</i>				How long <i>Several months</i>							
		Immediate				How long							
		Are the name, age, sex, color, date and place correctly given above? <i>yes</i>				Signature of Physician <i>L. C. G. Rouse</i>							
						Address <i>Frederick, Md</i>							
		Accident or Suicide? <i>---</i>											

Interment at Greenmount

" Oct 8 —

Thomas P. Rice, F.S.

Name
in
Full

Sarah Pearl Vokes

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

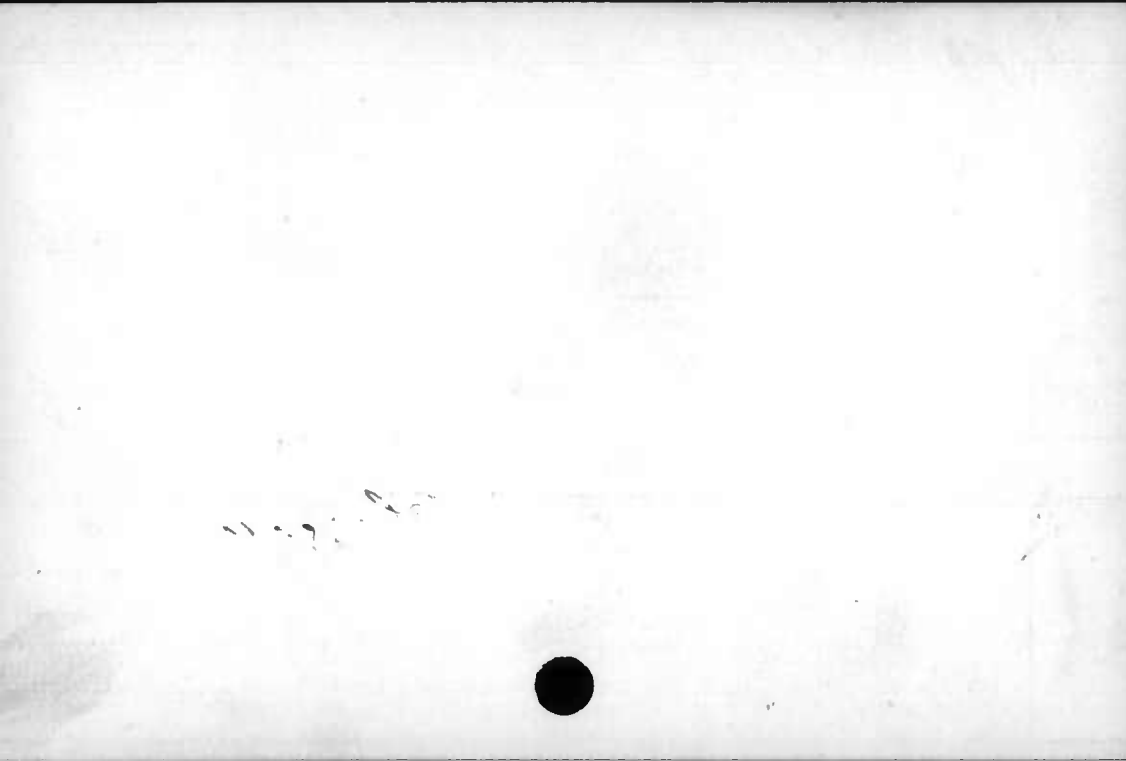
Died at		Town Brunswick		County Frederick		MARYLAND	
Date of death		1907	Month 10	Day 8	Age 19	Years 10	Months 4
Sex Female		Color or Race White		Birth-place Md			
Occupation Housewife				Where Residing if not at place of death			
Married, Single or Widowed		Name of Wife or Husband J. Harry Vokes					
Father's Name W. T. Jones		Father's Birthplace Va					
Mother's Maiden Name Sarah L. Guthrie		Mother's Birthplace Va					
Name of person giving information W. T. Jones		How related to deceased Father					

CAUSES OF DEATH

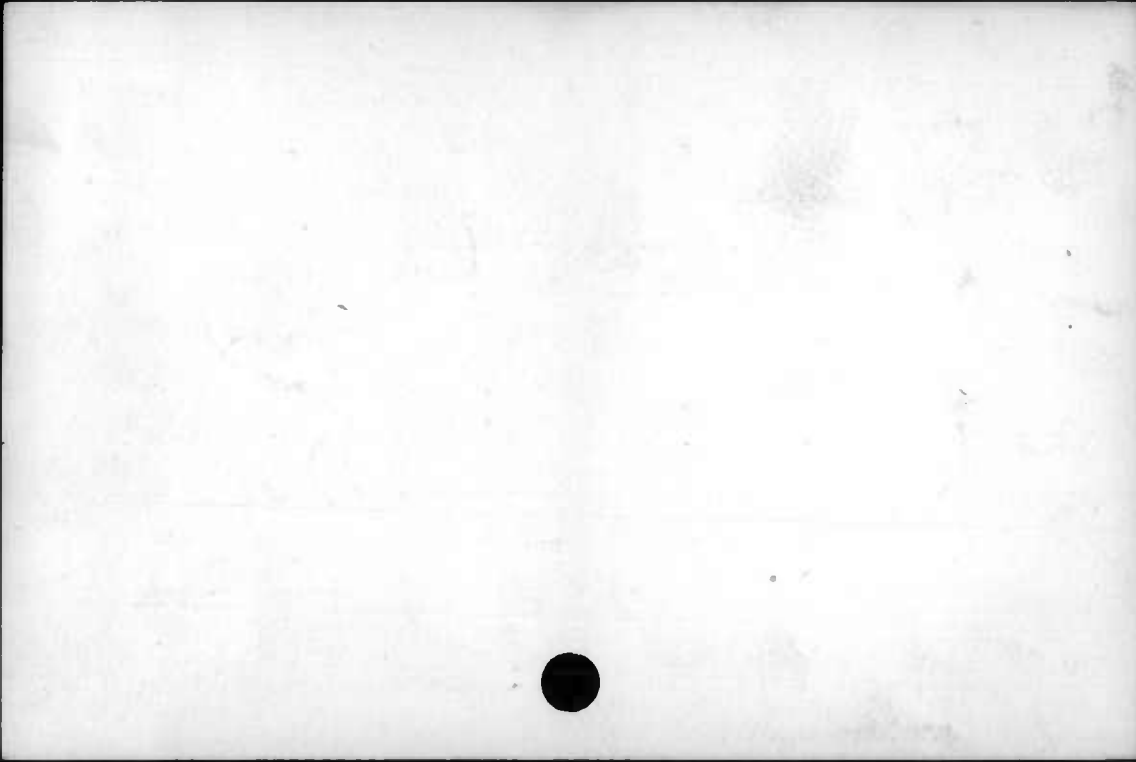
1

PHYSICIAN
OR CORONER

Primary	Typhoid Fever	How long	2 Weeks
Immediate	Meningitis	How long	4 days
Are the name, age, sex, color, date and place correctly given above?		yes	
Signature of Physician J. T. Yountee		Address Brunsville Maryland	
Accident or Suicide?			



Name in Full		Tola Noms				CERTIFICATE OF DEATH				
TO BE ANSWERED BY NEAREST FRIEND	Died at	Knoxville			Frederick			MARYLAND		
	Date of death	1907	Month 10	Day 2	Age 29	Months 2	Days 16			
	Sex	Female			Color or Race	Colored			Birth-place	Knoxville, Tenn.
	Occupation	House work			Where Residing if not at place of death			—		
	Married, Single or Widowed	Single			Name of Wife or Husband					
	Father's Name	Richard Noms			Father's Birthplace			Maryland		
	Mother's Maiden Name	Saraha Hall			Mother's Birthplace			Maryland		
Name of person giving information	Charles S. Noms			How related to deceased			Brother			
PHYSICIAN OR CORONER	CAUSES OF DEATH									
	Primary	Typhoid Fever						How long	Four weeks	
	Immediate	Perforation						How long		
	Are the name, age, sex, color, date and place correctly given above?				Yes		Signature of Physician		Sam'l Clapp	
							Address		Petersville, Tenn.	
Accident or Suicide?										



Name
in
Full

Mrs Mary L. Nossie

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

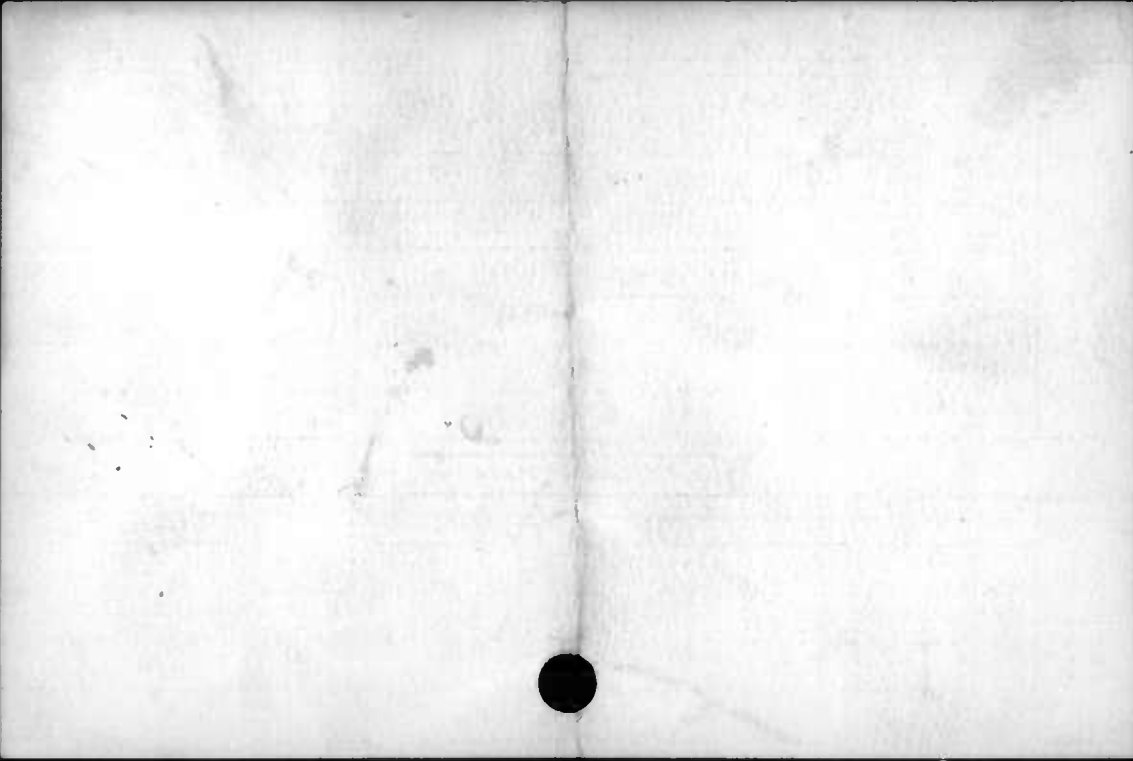
Died at <i>Near Woodrille</i> ^{Town} <i>Frederick</i> ^{County}		MARYLAND	
Date of death <i>1907</i>	Month <i>October</i>	Day <i>30</i>	Age <i>66</i> ^{Years}
Sex <i>Female</i>	Color or Race <i>Caucasian</i>	Birth place <i>Near Englewood</i>	
Occupation <i>Milliner</i>	Where Residing if not at place of death <i>Frederick Md</i>		
Married, Single or Widowed <i>Widow</i>	Name of Wife or Husband <i>Mary L. Bohn</i>		
Father's Name <i>Michael Bohn</i>	Father's Birthplace <i>London Eng</i>		
Mother's Maiden Name <i>Mollie Saylor</i>	Mother's Birthplace <i>Johnsville</i>		
Name of person giving information <i>John H. Bohn</i>	How related to deceased <i>Nephew</i>		

CAUSES OF DEATH

91

PHYSICIAN
OR CORONER

Primary <i>Chronic Bronchitis</i>	How long <i>one year</i>
Immediate <i>Exhaustion</i>	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>D. M. Derribse M.D.</i>
<i>Yes</i>	Address <i>Woodrille</i>
Accident or Suicide?	<i>Frederick, Co. Md.</i>



Name
in
Full

Emma Francis Ott.

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

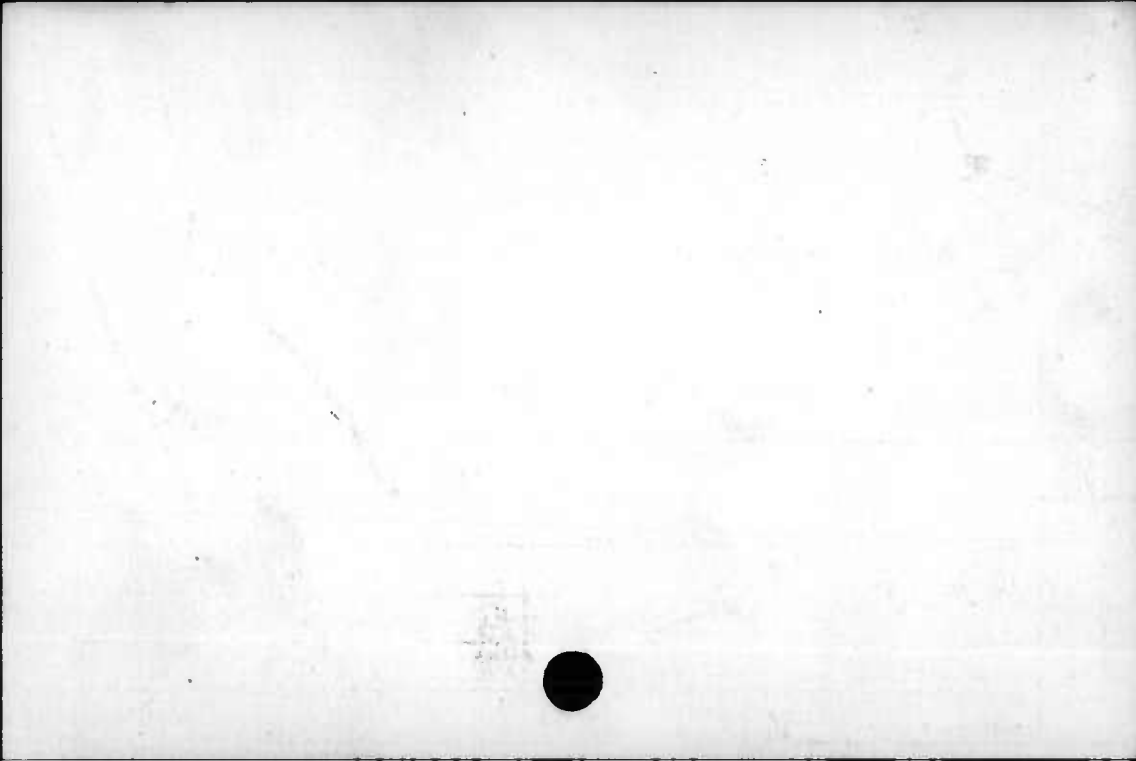
Died at <i>Rocky Ridge</i>		Town <i>Indemich</i>		County		MARYLAND	
Date of death	1907	Month	Oct	Day	10	Age	62
Sex	Female	Color or Race	White	Birth-place	Md.	Months	10
Occupation	Housewife		Where Residing if not at place of death				
Married, Single or Widowed	Married		Name of Wife or Husband <i>Jos D Ott.</i>				
Father's Name	<i>John W Miller</i>		Father's Birthplace		Md		
Mother's Maiden Name	<i>Franka Engelhinger</i>		Mother's Birthplace		Md.		
Name of person giving information	<i>J M Ott</i>		How related to deceased		Son		

CAUSES OF DEATH

574

PHYSICIAN
OR CORONER

Primary	<i>Periculous Aneurism</i>	How long	<i>2 yrs.</i>
Immediate	<i>heart failure exhaustion</i>	How long	<i>3 m.</i>
Are the name, age, sex, color, date and place correctly given above?	<i>yes</i>	Signature of Physician	<i>Myronio A. Bailey</i>
		Address	<i>Thurmont - Md.</i>
Accident or Suicide?			



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Name *William J. Overman*
Died at *Motter's Station* ^{Town} *Frederick* ^{County}

Date of death *1907* ^{Month} *Oct* ^{Day} *29* ^{Years} *75* ^{Months} *5* ^{Days} *14*

Sex *Male* Color or Race *White* Birth-place *MD*

Occupation *Farmer* Where Residing if not at place of death

☒ Married, Single ☐ Widowed Name of Wife or Husband

Father's Name *Geo B. Overman* Father's Birthplace *MD*

Mother's Maiden Name *Margaret Late* Mother's Birthplace *"*

Name of person giving information *Jennie Overman* How related to deceased *Daughter*

CAUSES OF DEATH

142

PHYSICIAN
OR CORONER

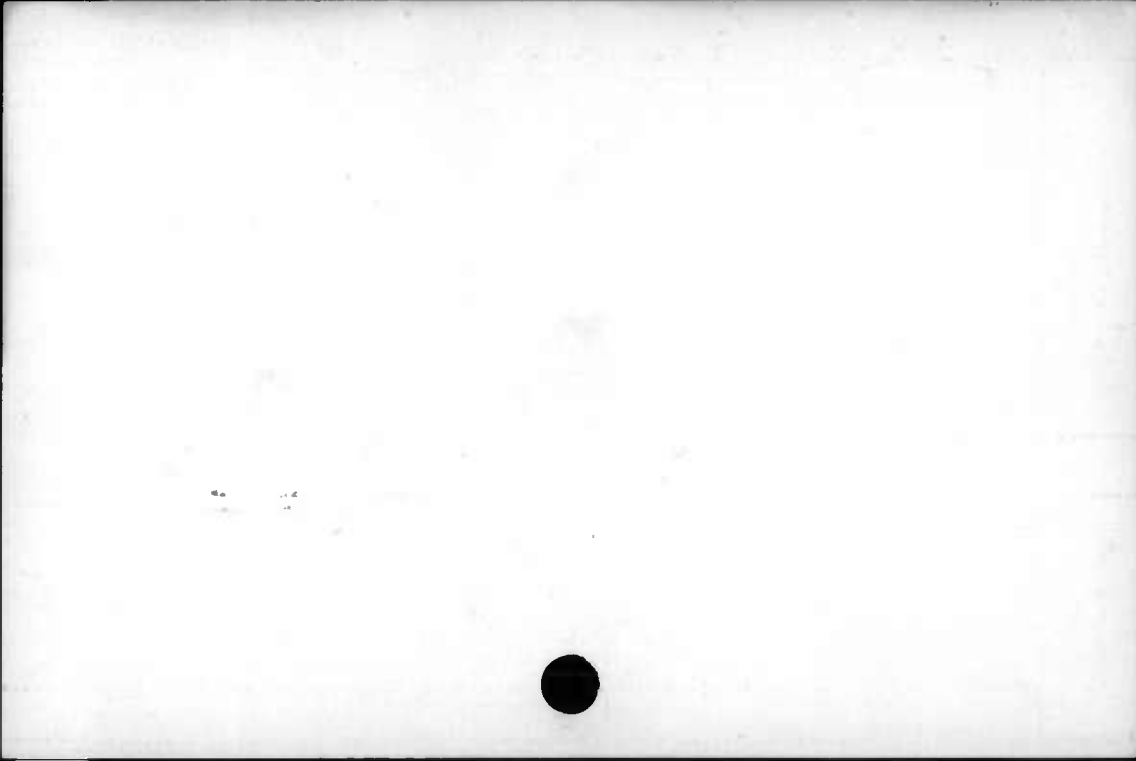
Primary *Senile Senescence* ^{How long} *1 year*

Immediate *Toxemia* ^{How long} *1 day*

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician *H. H. Storey*
Address *Summit, Wyo.*

Accident or Suicide?



Name
in
Full

Alice E. Peacher

CERTIFICATE OF DEATH

Died at		Brunswick		Frederick		MARYLAND	
Date of death	1907	Month	Oct	Day	28	Years	29
						Months	6
						Days	13
Sex	Female		Color or Race	white		Birth-Place	Md
Occupation	Sawyer		Where Residing if not at place of death				
Married, Single or Widowed	Single		Name of Wife or Husband				
Father's Name	Olive Peacher					Father's Birthplace	Md
Mother's Maiden Name	Mary Bradley					Mother's Birthplace	Md
Name of person giving information	Mrs Samuel Moore					How related to deceased	Sister

CAUSES OF DEATH

103

Primary	Gastric Ulcer. Sybaric Stenosis	How long	Several months or longer
Immediate	Exhaustion from continuous laughing	How long	2 weeks
Are the name, age, sex, color, date and place correctly given above?		yes	
Signature of Physician		Linn Frost	
Address		Brunswick - Frederick Co	
Accident or Suicide?			

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

Mussie Raudsats

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

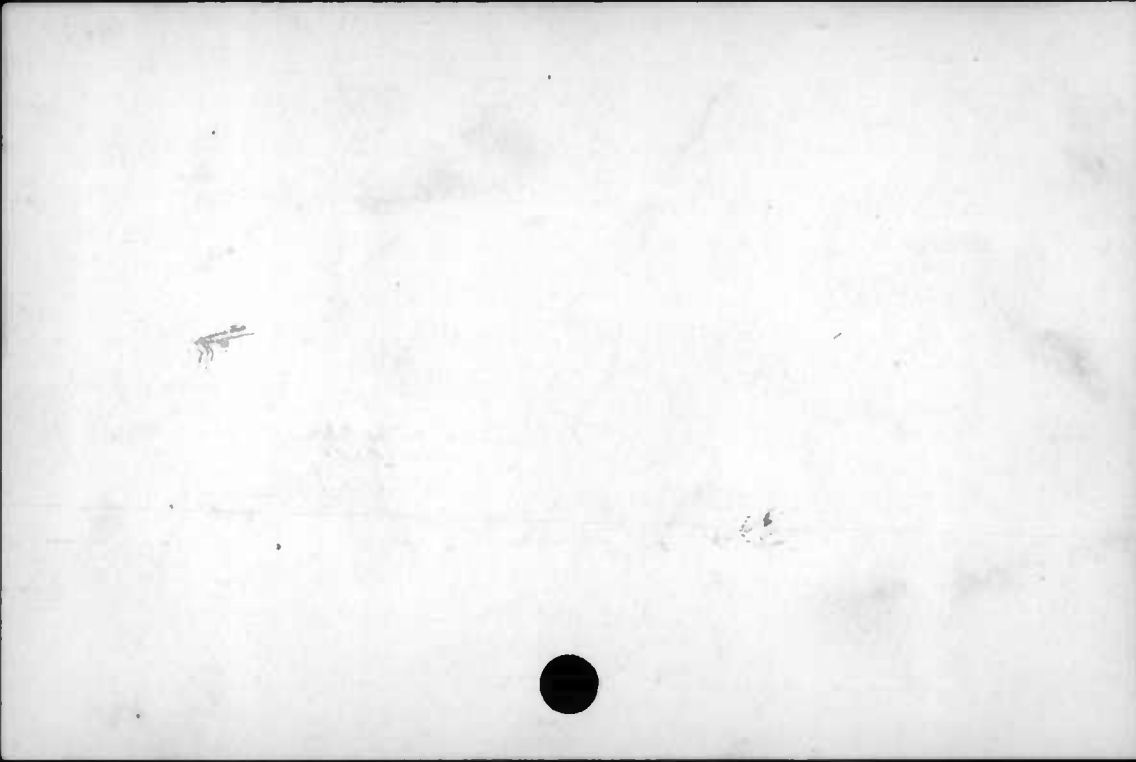
Died at		Town Frederick		County 11		MARYLAND	
Date of death		1907	Month 10	Day 12	Age 13	Years 5	Months 5
Sex Female		Color or Race Black		Birth- place N. J.			
Occupation School		Where Residing if not at place of death +					
Married, Single or Widowed Wife		Name of Wife or Husband X					
Father's Name Washington Raudsats		Father's Birthplace Va					
Mother's Maiden Name Lillie Bell		Mother's Birthplace Va					
Name of person giving In formation Washington Raudsats		How related to deceased Father					

CAUSES OF DEATH

27

PHYSICIAN
OR CORONER

Primary	Pulmonary Tuberculosis	How long	6 mos
Immediate	Exhaustion	How long	3 weeks
Are the name, age, sex, color, date and place correctly given above? Yr		Signature of Physician Chas. F. Gordon MD	
		Address Frederick, Md	
Accident or Suicide? +			



Name

in Full

Addie Irene Rayner

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

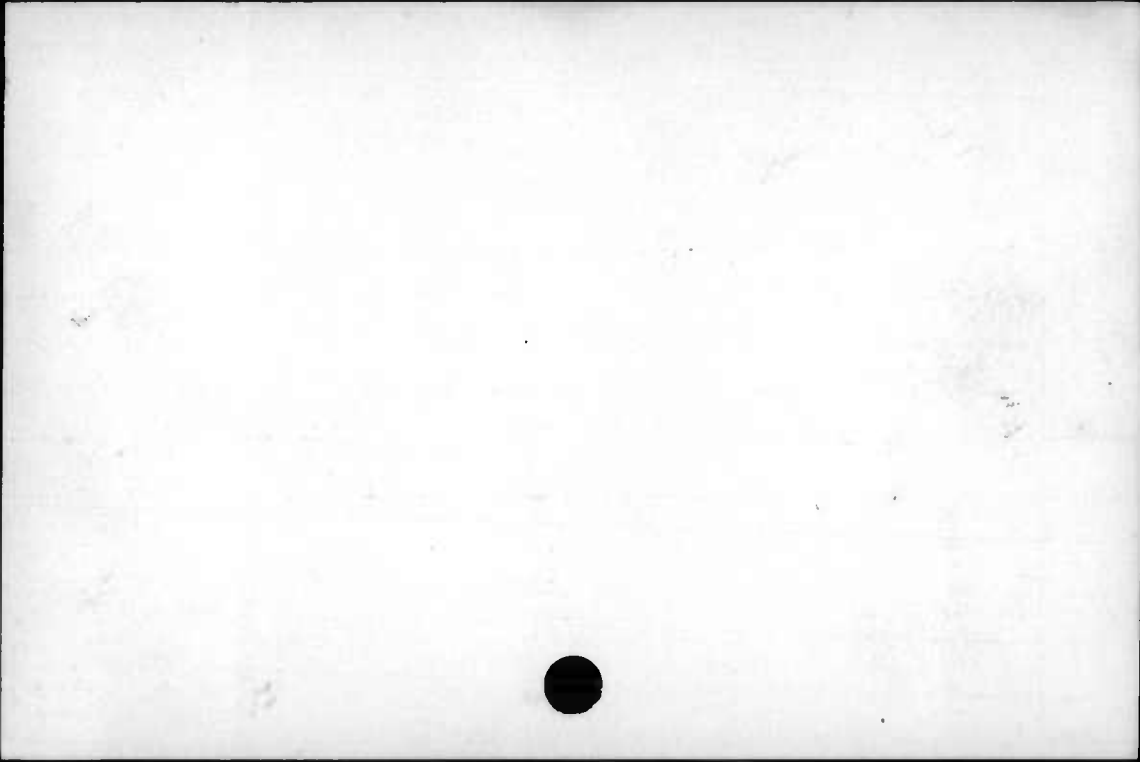
Died at <i>Myersville</i> ^{City} <i>Frederick</i> ^{County}		MARYLAND	
Date of death <i>1907</i> ^{Year} <i>October</i> ^{Month} <i>29th</i> ^{Day} Age <i>29</i> ^{Years}	Months <i>3</i>		Days <i>12</i>
Sex <i>American</i>	Color or Race <i>White</i>	Birth-place <i>Middleton</i>	
Occupation <i>Homewife & Missionary</i>	Where Residing if not at place of death <i>Myersville Md</i>		
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>David Homer Rayner</i>		
Father's Name <i>Levin Rumpff</i>	Father's Birthplace <i>Middleton</i>		
Mother's Maiden Name <i>Anna Elizabeth Brunt</i>	Mother's Birthplace <i>Middleton</i>		
Name of person giving information <i>David Homer Rayner</i>	How related and deceased <i>Husband</i>		

CAUSES OF DEATH

137

PHYSICIAN
OR CORONER

Primary <i>Child Birth</i>	How long <i>6 hours</i>
Immediate <i>Peritonitis</i>	How long <i>4 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Ralph Browning</i>
	Address <i>Myersville, Md</i>
Accident or Suicide? <input type="checkbox"/>	



Name
in
Full

Harry Rudolph Redman

CERTIFICATE OF DEATH

Died at *Pearle* Town

County

MARYLAND

Date of death 1907 10 27 Age — Years — Months — Days 30

Sex *Male* Color or Race *White* Birth-place *md*Occupation *X* Where Residing if not at place of death *X*Married, Single or Widowed *X* Name of Wife or Husband *X*Father's Name *Kefer Redman*Father's Birthplace *md*Mother's Maiden Name *Lena Gyngar*Mother's Birthplace *md*Name of person giving information *Rudolph Gyngar*How related to deceased *Grandfather*

CAUSES OF DEATH

137

Primary *Premature Birth.*

How long —

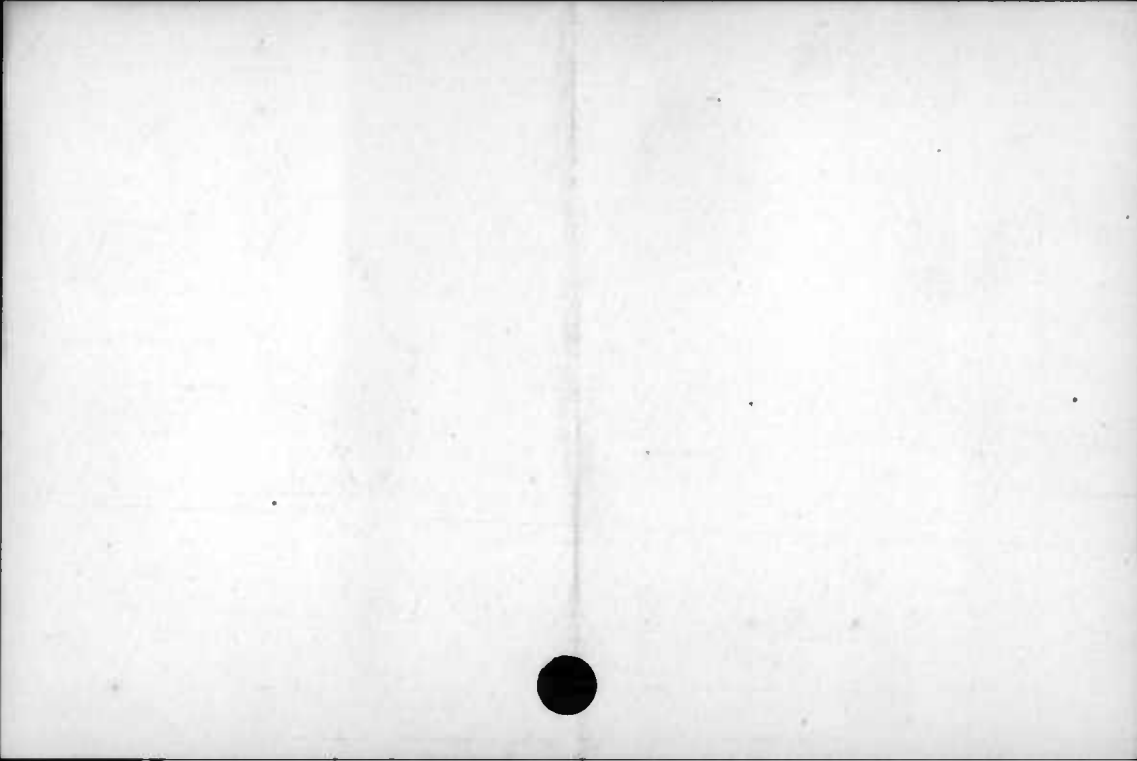
Immediate *Exhaustion - malarial miasm* How long *2 weeks*

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician *Chas. F. Gordon md*Address *Fredricks.*

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

Susan M. Rinehart.

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

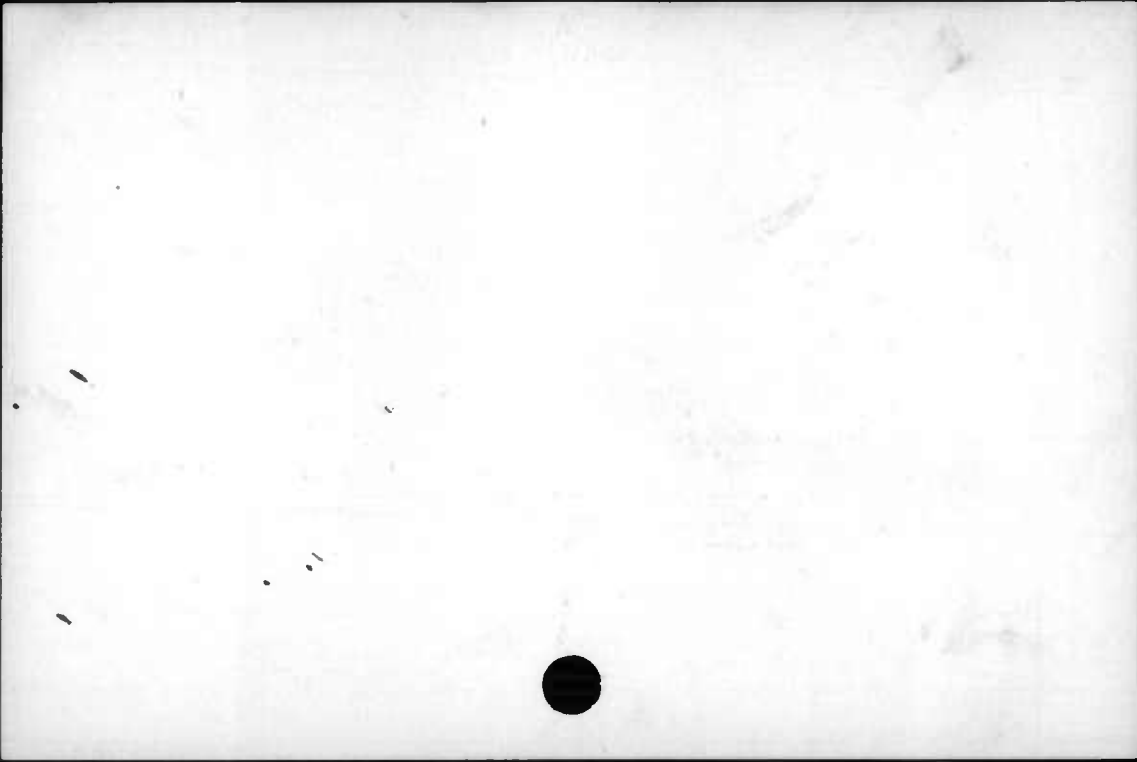
Died at <i>Haltersville</i> Town		<i>Frederick</i> County		MARYLAND	
Date of death <i>1907</i>	Month <i>Oct</i>	Day <i>28</i>	Age <i>79</i>	Months <i>19</i>	Days
Sex <i>Female</i>	Color or Race <i>White</i>	Birthplace <i>Haltersville Md</i>			
Occupation <i>Housewife</i>		Where Residing if not at place of death <i>11</i>			
Married, Single or Widowed		Name of Wife or Husband			
Father's Name <i>William Rinehart</i>		Father's Birthplace <i>Haltersville Md</i>			
Mother's Maiden Name <i>Rebecca Barrick</i>		Mother's Birthplace <i>11</i>			
Name of person giving information <i>J. S. Mcodemus</i>		How related to deceased <i>11</i>			

CAUSES OF DEATH

64

PHYSICIAN
OR CORONER

Primary <i>Hemiplegia - cerebral hemorrhage</i>	How long <i>3 weeks</i>
Immediate <i>Bronchitis</i>	
Are the name, age, sex, color, date and place correctly given above? <i>They are</i>	Signature of Physician <i>J. S. Mcodemus M.D.</i>
	Address <i>Haltersville Md.</i>
Accident or Suicide?	



Name
in
Full

Lula M Roberts

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Pearl		County Frederick		MARYLAND	
Date of death	1907	Month October	Day 31 st	Age	Years 24	Months 4	Days 10
Sex	Female		Color or Race	Colored		Birth-place	Frederick Co., Md.
Occupation	Housekeeper			Where Residing if not at place of death			
Married, Single or Widowed	Married		Name of Wife Husband	Mr Roberts			
Father's Name	John Davis					Father's Birthplace	Md.
Mother's Maiden Name	Alice					Mother's Birthplace	Md.
Name of person giving information	Alice Davis					How related to deceased	Mother

CAUSES OF DEATH

27

PHYSICIAN
OR CORONER

Primary	Pulmonary Tuberculosis	How long	Several years
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	U. G. Burre MD.
		Address	Frederick, Md.
Accident or Suicide?			

Bartonsville

Nov 2 1907

to to to early

Name
in
Full

Mary Schaffer

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at ^{Town} Monticello Hospital ^{County} Frederick

MARYLAND

Date of death 1907 October 29 Age 74 Months Days

Sex Female Color or Race White Birth-place Baltimore Co

Occupation Housewife Where Residing if not at place of death

Married, Single Married Name of Wife or Husband Unknown

Father's Name Unknown Father's Birthplace Unknown

Mother's Maiden Name Unknown Mother's Birthplace Unknown

Name of person giving information Hospital Records How related to deceased

CAUSES OF DEATH

79

PHYSICIAN
OR CORONER

Primary Cardiac dilatation How long Six months

Immediate Edema of Lungs How long 1 hour

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician R. S. Lysons

Address Frederick, Md

Accident or Suicide?



Name in Full		David Perry Smith				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND		Died at		Town		County	
		Lime Kiln		Frederick		MARYLAND	
		Date of death	1907	Month	10	Day	10
				Age	—	Years	—
		Sex	Male		Color or Race	White	
		Occupation	—		Birth-place	Lime Kiln	
		Where Residing if not at place of death			Same		
		Married, Single or Widowed	Single		Name of Wife or Husband		
		Father's Name	Daniel P. Smith				Father's Birthplace
		Mother's Maiden Name	Daisy F. Shaver				Mother's Birthplace
		Name of person giving information	Daniel P. Smith				How related to deceased
		CAUSES OF DEATH					151
PHYSICIAN OR CORONER		Primary	Premature birth				How long
		Immediate	Abortion				How long
		Are the name, age, sex, color, date and place correctly given above?		yes		Signature of Physician	
		Address		O. C. Conley			
		Accident or Suicide?		—		Administered	
				over		Recd.	

Interment at Mt Olivet Cem.
" Oct 11 -

Thomas P. Rice,

Name
in
Full

Oscar B. Sowers

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at <i>Burkittsville</i> ^{Town}		<i>Fried.</i> ^{County}	
Date of death 1907	<i>Oct.</i> ^{Month}	<i>16</i> ^{Day}	<i>17</i> ^{Years}
		<i>11</i> ^{Months}	<i>24</i> ^{Days}
Sex <i>Male</i>	Color or Race <i>White</i>	Birth-place <i>Burkittsville</i>	
Occupation <i>Farmer</i>	Where Residing if not at place of death <i>Burkittsville</i>		
Married, Single or Widowed <i>Single</i>	Name of Wife or Husband <i>None</i>		
Father's Name <i>Herby M. Sowers</i>	Father's Birthplace <i>Burkittsville</i>		
Mother's Maiden Name <i>Beaumont</i>	Mother's Birthplace <i>Burkittsville</i>		
Name of person giving information <i>Herby Sowers</i>	How related to deceased <i>Father</i>		

CAUSES OF DEATH

27

PHYSICIAN
OR CORONER

Primary <i>Tuberculosis</i>	How long <i>8 mo</i>
Immediate <i>Tubercular Pleurisy</i>	How long <i>2 days</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>Geo. J. [unclear]</i>
<i>Yes</i>	Address <i>Burkittsville Md</i>
Accident or Suicide?	



Name
in
Full

Margarete Stottmeyer

CERTIFICATE OF DEATH

Died at *Sandy* Town*Frederick* County

MARYLAND

Date of death *1907* Month *10*Day *28*Age *2* Years

Months

Days *4*Sex *Female*Color or Race *White*Birth-place *Sandy Md.*

Occupation

Where Residing if not at place of death

Married, Single or Widowed

Name of Wife or Husband

Father's Name

Johnathan Stottmeyer

Father's Birthplace

Holtsville

Mother's Maiden Name

Effie Wolf

Mother's Birthplace

Holtsville

Name of person giving information

A. & A. Wolf

How related to deceased

Uncle

CAUSES OF DEATH

93

Primary

Pneumonia

How long

one day

Immediate

Heart Failure

How long

instant

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Dr. M. O. Kyfauver

Address

Smithsburg Maryland

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

Carl Strube

CERTIFICATE OF DEATH

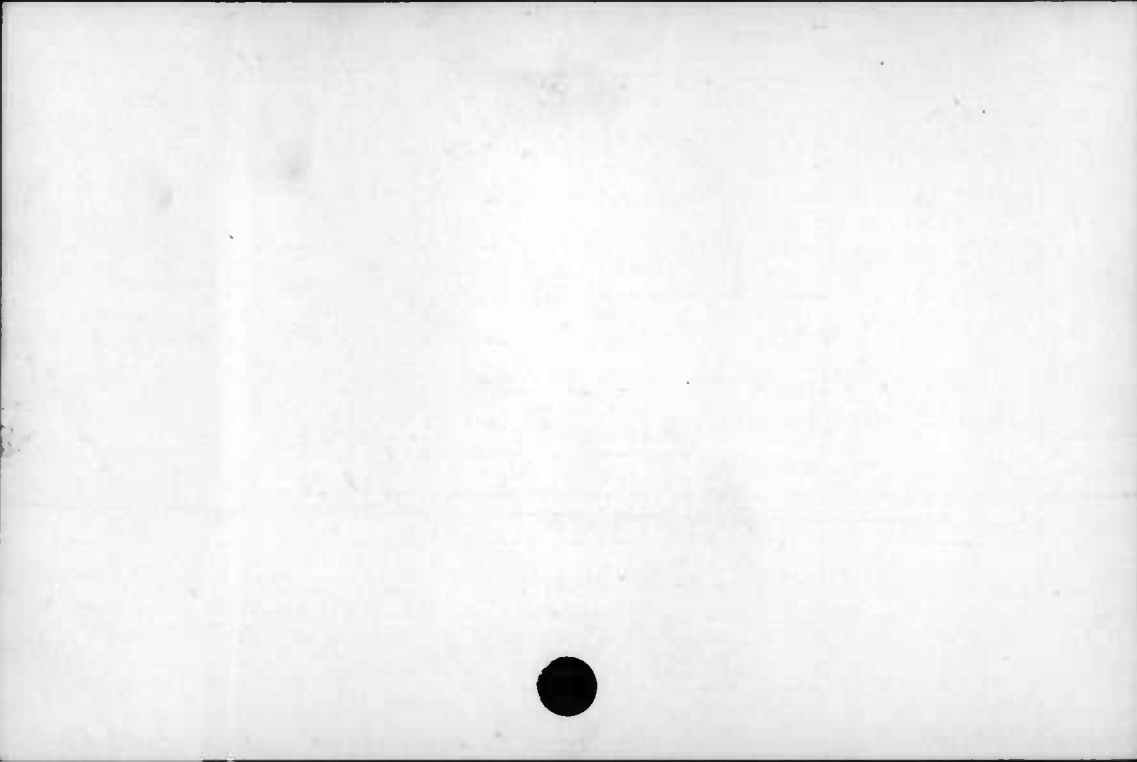
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town <u>Urbana</u>		County <u>Fredrich</u>		MARYLAND	
Date of death	1907	Month <u>Oct.</u>	Day <u>5th</u>	Age	Years <u>22</u>	Months <u>8</u>	Days
Sex	<u>male</u>		Color or Race	<u>white</u>		Birth-place	
Occupation	<u>Farmer</u>			Where Residing if not at place of death			
Married, Single or Widowed	Name of Wife or Husband						
Father's Name	<u>Andrew Strube</u>				Father's Birthplace	<u>Germany</u>	
Mother's Maiden Name	<u>Rosa Shroedel</u>				Mother's Birthplace	..	
Name of person giving information	<u>Albert Strube</u>				How related to deceased	<u>Brother</u>	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<u>Typhoid Fever</u>	How long	<u>20 days</u>
Immediate	<u>Intestinal hemorrhage</u>	How long	<u>12 hours</u>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
<u>yes</u>		<u>Benj. C. Perry M.D.</u>	
		Address	
		<u>Urbana</u>	
Accident or Suicide?		<u>no</u>	



Name
in
Full

Infant of Robert Talton

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Knoxville Town Anderson County, MARYLAND

Date of death 1907 Month oct Day 12 Age Years Months 14 Days 14

Sex Female Color or Race white Birth-place md

Occupation none Where Residing if not at place of death md

Married, Single or Widowed Single Name of Wife or Husband Ida Harrison

Father's Name Robert Talton Father's Birthplace md

Mother's Maiden Name Ida Harrison Mother's Birthplace md

Name of person giving information Robert Talton How related to deceased Father

CAUSES OF DEATH

71

PHYSICIAN
OR CORONER

Primary Convulsions How long 71

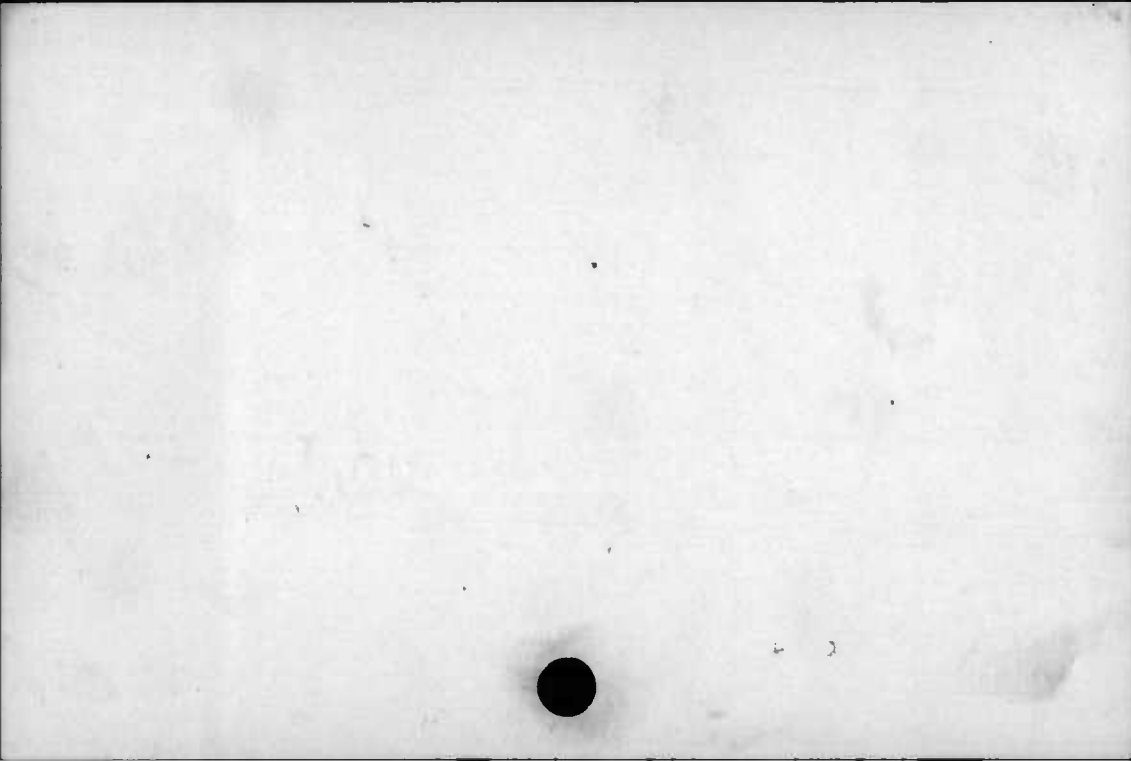
Immediate rs How long md

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician A. Harrison

Address 13 Brunson St

Accident or Suicide? no



Name
in
Full

Alford A. Troxell

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

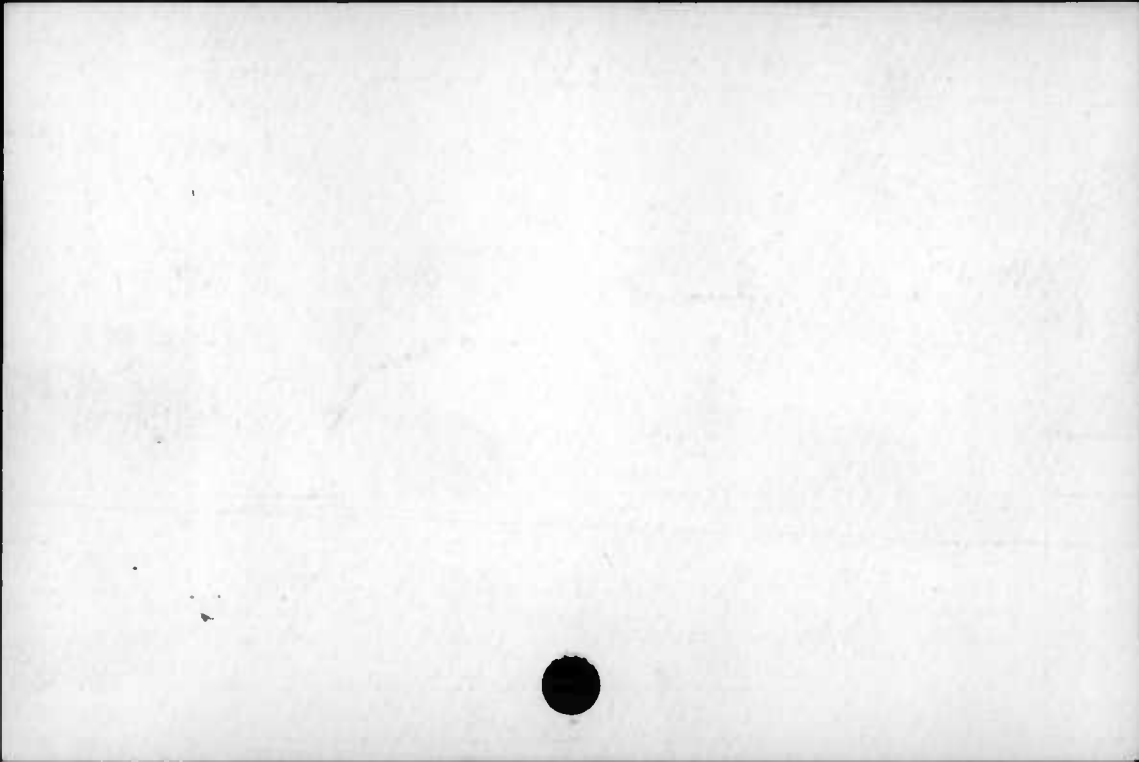
Died at <i>Thurmont</i>		County <i>Frederick</i>		MARYLAND	
Date of death	1907	Month	Oct	Day	27
Age	81	Years	6	Months	28
Sex	Male	Color or Race	White	Birth place	<i>Middletown Md</i>
Occupation	<i>Plasterer</i>		Where Residing if not at place of death <input checked="" type="checkbox"/>		
Married, Single or Widowed	Name of Wife or Husband		<i>Mary M. Wheeler</i>		
Father's Name	<i>John Troxell</i>		Father's Birthplace	<i>Md</i>	
Mother's Maiden Name	<i>Mary Holloway</i>		Mother's Birthplace	<i>Dover Kent</i>	
Name of person giving information	<i>Mrs A. A. Troxell</i>		How related to deceased	<i>Wife</i>	

CAUSES OF DEATH

120

PHYSICIAN
OR CORONER

Primary	<i>Chronic Nephritis</i>	How long	<i>8 years</i>
Immediate	<i>Uræmia</i>	How long	<i>10 days</i>
Are the name, age, sex, color, date and place correctly given above?	<i>Yes</i>	Signature of Physician	<i>E. C. Kefauver</i>
		Address	<i>Thurmont, Md.</i>
Accident or Suicide?	<i>—</i>		



Name
in
Full

Catharine Josephine Frostell

CERTIFICATE OF DEATH

MARYLAND

Died at *Emmitsburg* ^{Town}*Frederick* ^{County}Date of death *1907* ^{Month} *October*Day *3*Age *—* ^{Years}Months *4*Days *11*Sex *Female*Color or Race *White*Birth place *Emmitsburg Frederick Co. Md*Occupation *—*Where Residing if not at place of death *—*Married, Single or Widowed *Single*Name of Wife or Husband *—*Father's Name *Frederick D. Frostell*Father's Birthplace *Rocky Ridge Frederick Co. Md*Mother's Maiden Name *Sallie Elsey Ott*Mother's Birthplace *Carroll Co. Md*Name of person giving information *Frederick D. Frostell*How related to deceased *Father*

CAUSES OF DEATH

V05

Primary *Diarrhoea*How long *10 days*

Immediate

Are the name, age, sex, color, date and place correctly given above?

Yes

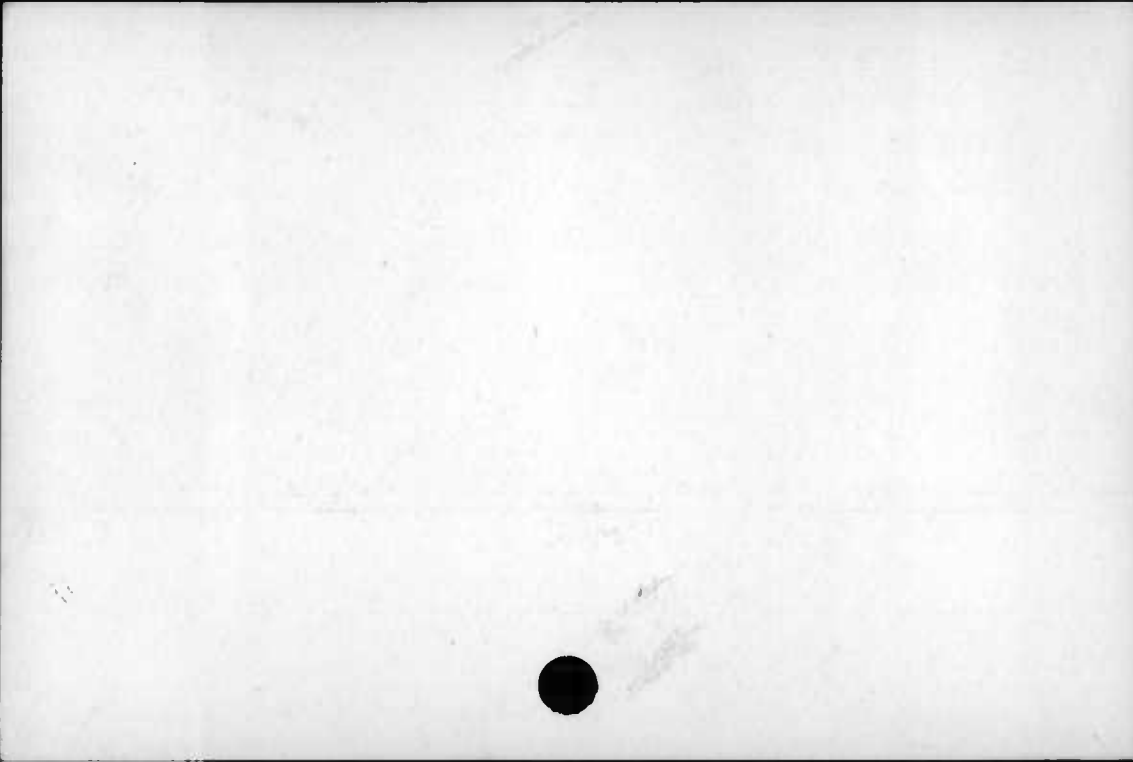
Signature of Physician

Address

*Wickelberger
Emmitsburg
Maryland*

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

Arthur J. Warr

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Frederick</i> Town		<i>Frederick</i> County		MARYLAND	
Date of death <i>1907</i>	<i>10</i> Month	<i>4</i> Day	Age <i>—</i> Years	<i>—</i> Months	<i>6</i> Days
Sex <i>Male</i>	Color or Race <i>Black</i>		Birth-place <i>City</i>		
Occupation <i>—</i>			Where Residing if not at place of death <i>Same</i>		
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>—</i>			
Father's Name <i>Robert Warr.</i>			Father's Birthplace <i>Va.</i>		
Mother's Maiden Name <i>Maria Wesley</i>			Mother's Birthplace <i>"</i>		
Name of person giving information <i>Robert Warr's.</i>			How related to deceased <i>Father</i>		

CAUSES OF DEATH

71

PHYSICIAN
OR CORONER

Primary	<i>Viteto error</i>	How long	<i>1 or 2 days</i>
Immediate	<i>Convulsion</i>	How long	<i>Several hours</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>J. U. G. Bourne,</i>	
		Address <i>Frederick, Md.</i>	
Accident or Suicide? <i>—</i>			



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Jacob P. Weller

Died at *Lewiston* Town *Fredrick* County

Date of death *1907* Month *Oct* Day *31* Age *68* Years Months *9* Days *27*

Sex *Male* Color or Race *White* Birth-place *Maryland*

Occupation *Blacksmith* Where Residing if not at place of death

Married, ~~Single~~ *Widowed* Name of Wife or Husband *Loanah M. Webb*

Father's Name *John Weller of J.* Father's Birthplace *Maryland*

Mother's Maiden Name *Alice Martin* Mother's Birthplace *Maryland*

Name of person giving information *Mrs. Scott Weller* How related to deceased *Brother*

CAUSES OF DEATH

64

PHYSICIAN
OR CORONER

Primary *Bright's disease* How long *Six months*

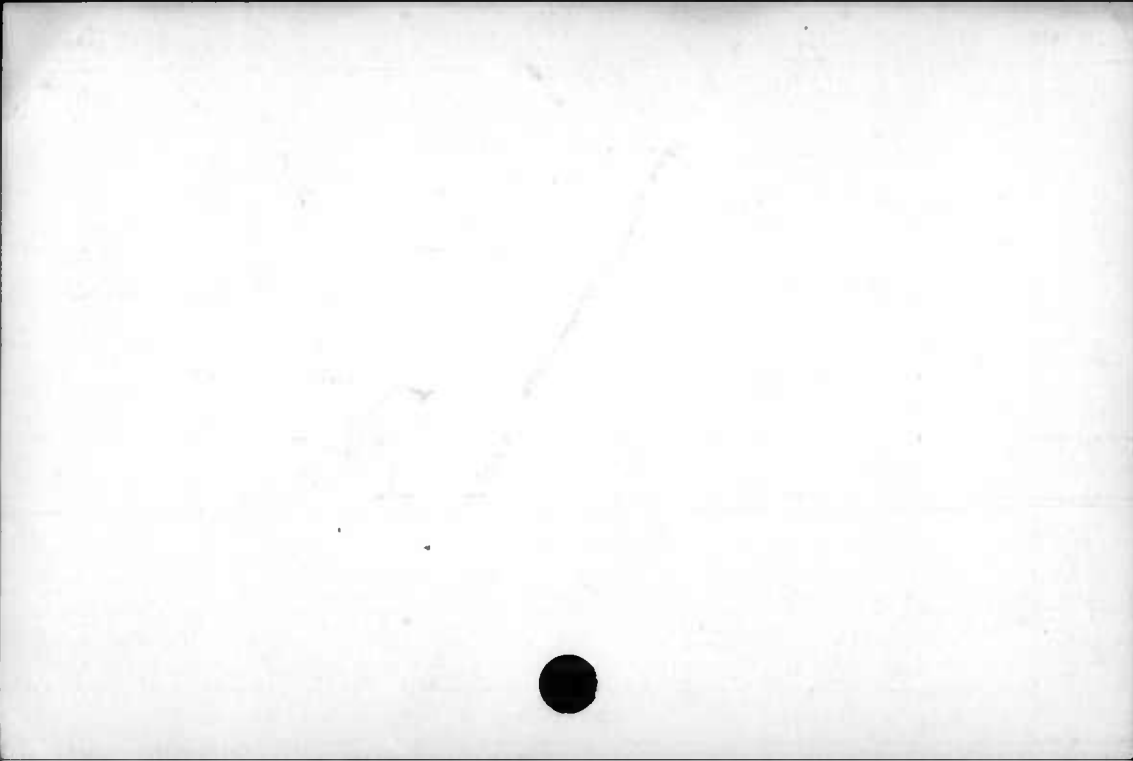
Immediate *Cerebral hemorrhage* How long *Twenty days*

Are the name, age, sex, color, date and place correctly given above? *yes*

Signature of Physician *E. D. Neighoun*

Address *Lewiston Md.*

Accident or Suicide?



Name
in
FullTO BE ANSWERED BY
NEAREST FRIEND

CERTIFICATE OF DEATH

MARYLAND

Died at *Viles Madison*
near Emmitsburg

Town

County *Fredrick*

County

Date

of death

1907 Oct. 6

Month

Day

Age

Years

64

Months

Days

Sex

*Male*Color or
Race*White*Birth-
place*Thurmont, Md.*

Occupation

*Farmer*Where Residing if not
at place of deathMarried, Single
or Widowed*Widower*Name of Wife or
Husband*Lavinia Melhide (decd)*Father's
Name*Ezra Melhide*Father's
Birthplace*Not known*Mother's
Maiden Name*Susan Homes*Mother's
Birthplace*" "*Name of person giving
information*George A. Melhide*How related
to deceased*Son*

CAUSES OF DEATH

108

Primary

Acute indigestion

How long

1 day

Immediate

Intestinal obstruction.

How long

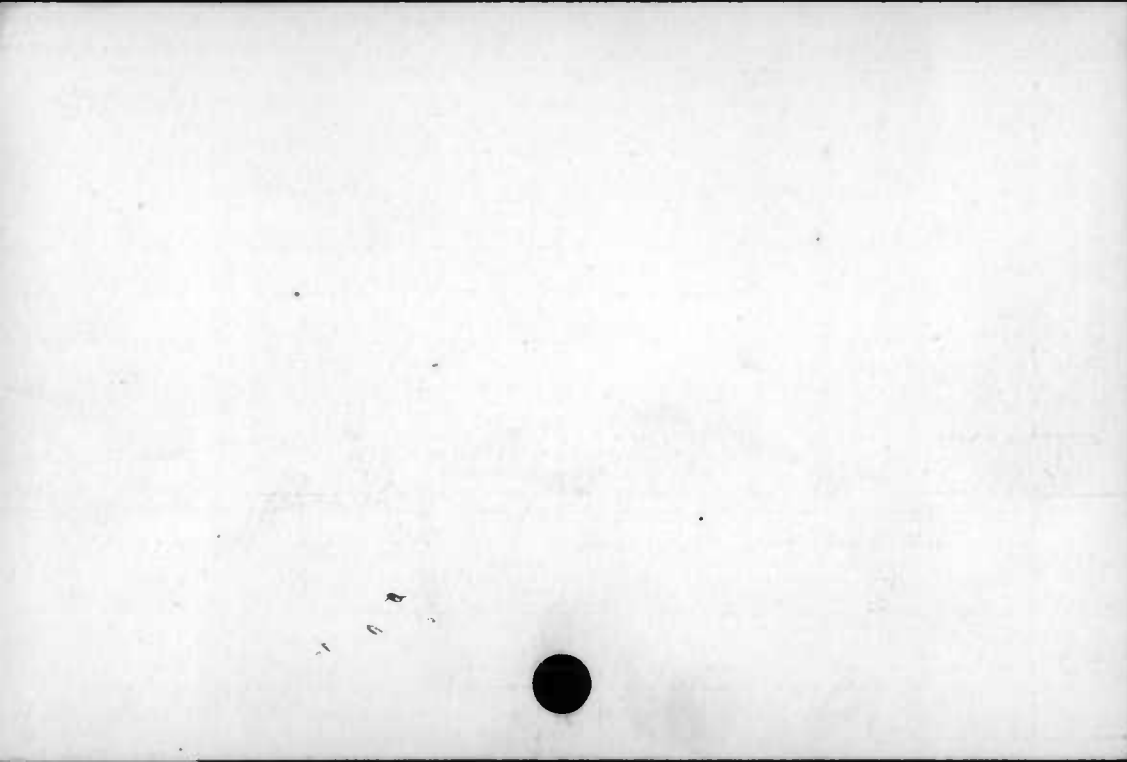
*3 1/2 days & -*Are the name, age, sex, color, date
and place correctly given above?*Yes*Signature of
Physician*C. N. Diller*

Address

*Detroit.**Maryland.*

Accident or Suicide?

No



Name
in
FullTO BE ANSWERED BY
NEAREST FRIEND

CERTIFICATE OF DEATH

MARYLAND

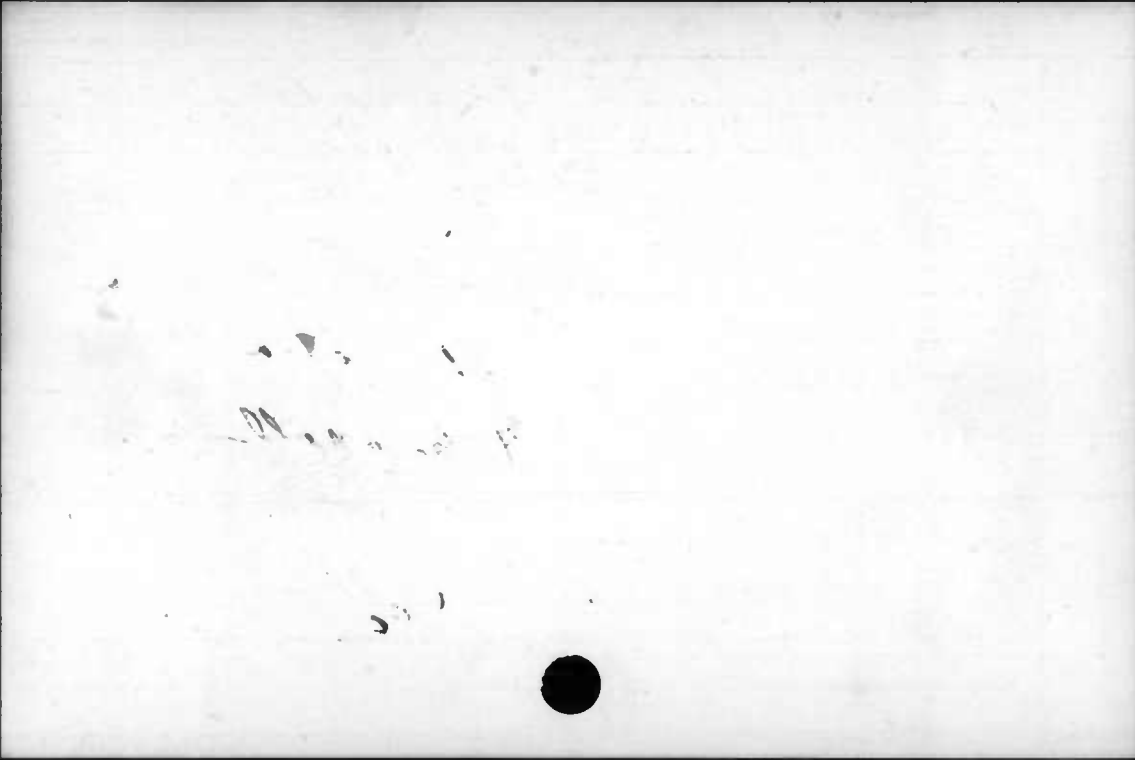
Died at <i>Hella</i> Town		County <i>Frederick</i>	
Date of death <i>1907</i>	Month <i>Oct</i>	Day <i>26</i>	Age <i>68</i>
Sex <i>Female</i>		Color or Race <i>White</i>	Birth-place <i>Germany</i>
Occupation <i>House wife</i>		Where Residing if not at place of death <i>Same</i>	
Married, Single or Widowed <i>Widowed</i>	Name of Wife or Husband <i>Frank Wolsch</i>		
Father's Name <i>Unknown</i>	Father's Birthplace <i>Unknown</i>		
Mother's Maiden Name <i>Unknown</i>	Mother's Birthplace <i>Unknown</i>		
Name of person giving information <i>James Moore</i>	How related to deceased <i>Niece</i>		

CAUSES OF DEATH

66

PHYSICIAN
OR CORONER

Primary <i>Paralysis followed by</i>	How long <i>3 yrs.</i>
Immediate <i>a general debilitated condition</i>	How long <i>nine</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>None in attendance</i>
	Address <i>7 Clyde Park Sub Bg, Buckeystown</i>
Accident or Suicide? <i>—</i>	



Name
in
Full

George Gusper Yünger

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Fredricks</i>		County <i>Fredricks</i>		MARYLAND	
Date of death	1907	Month	10	Day	18
Age	69	Years	9	Months	28
Sex	Male	Color or Race	White	Birth-place	Germany
Occupation	<i>Cooper.</i>		Where Residing if not at place of death <i>X</i>		
Married, Single or Widowed	Name of Wife or Husband		<i>Elizabeth Gerlach.</i>		
Father's Name	<i>Nicholas Yünger</i>		Father's Birthplace <i>Germany</i>		
Mother's Maiden Name	<i>Rosa</i>		Mother's Birthplace <i>"</i>		
Name of person giving information	<i>Mrs Yünger</i>		How related to deceased <i>wife</i>		

CAUSES OF DEATH

66

PHYSICIAN
OR CORONER

Primary	<i>Paralysis</i>	How long	<i>1 Year</i>
Immediate	<i>Exhaustion</i>	How long	<i>L</i>
Are the name, age, sex, color, date and place correctly given above?	<i>Yes</i>	Signature of Physician	<i>V. J. Goodell. M.D.</i>
		Address	<i>Fredricks.</i>
Accident or Suicide?	<i>No</i>		

